Governor's Commission on Home and Community-Based Services

Fact Book

June 17, 2003

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INTRODUCTION

The Commission on Home and Community Based Services exists to pursue actions that will facilitate immediate and lasting change in the delivery of long-term care services in Indiana. The Commission's work is targeted to persons who are or may become dependent upon long-term care services. The Commission will recommend actions based upon a public policy that makes sense, is financially accountable, and promotes personal choice by the persons receiving, or at risk of receiving, long-term care services. The Commission will build upon the good work already accomplished by other commissions and groups and will be guided by activities and implementation strategies that improve the lives of people currently affected by these services. Each recommended action is intended to help overcome the well-known systemic barriers, current policies and procedures, and organizational practices that are obstacles to change.

ACKNOWLEDGMENTS

This report represents the culmination of several months of conceptualizing, data collection, and analysis. It could not have happened without the leadership of Katie Humphreys, and the support of Elizabeth Galvin, Katie Howard, Richard Deliberty, Tammy Robinson, Celia Leaird, Seth Frotman (Indiana University Law Student), Roger Sell, Wanda Williams, and the dedicated staff of the Family and Social Services Administration and Health Evolutions. We hope that the report contributes to policy decisions that will improve the lives and opportunities of those receiving, or at risk of receiving, long-term care services in Indiana.

SECTION I: THE POPULATIONS

Indiana's population by age group as compared to the United States population by age is demonstrated below.

Population Facts

	Indiana	USA
Population, 2001 estimate	6,114,745	284,796,887
Population, 2000	6,080,485	281,421,906
Population, percent change, 1990 to 2000	9.7%	13.1%
Persons under 5 years old, percent, 2000	7.0%	6.8%
Persons under 18 years old, percent, 2000	25.9%	25.7%
Persons over 18 years old and under 65	54.7%	55.1%
Persons 65 years old and over, percent, 2000	12.4%	12.4%
Persons at or below federal poverty levels, 2000	9.5%	12.4%

Source: iii

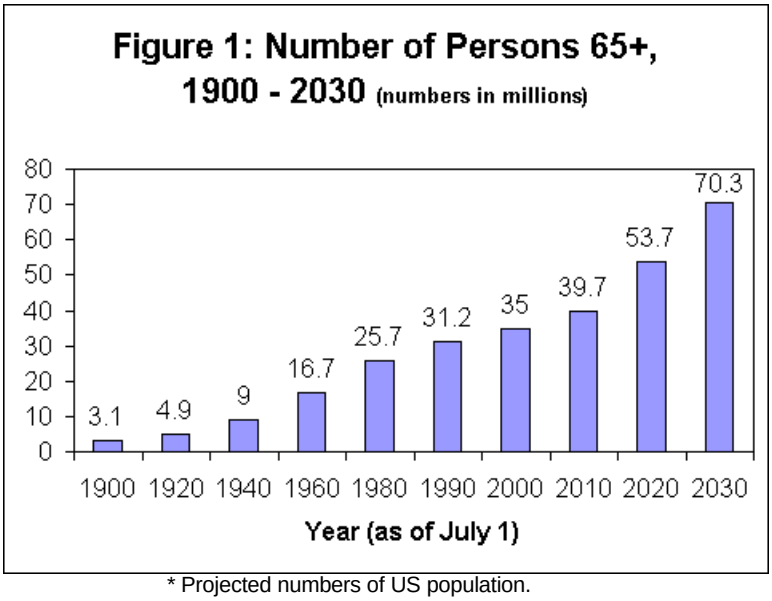
What Populations have the Task Forces Reviewed?

The Task Forces have looked at demographics and services for

- The elderly (age 65 and older)
- Persons with Developmental Disabilities
- Persons with mental illness
- Persons with physical disabilities
- Children who are at-risk

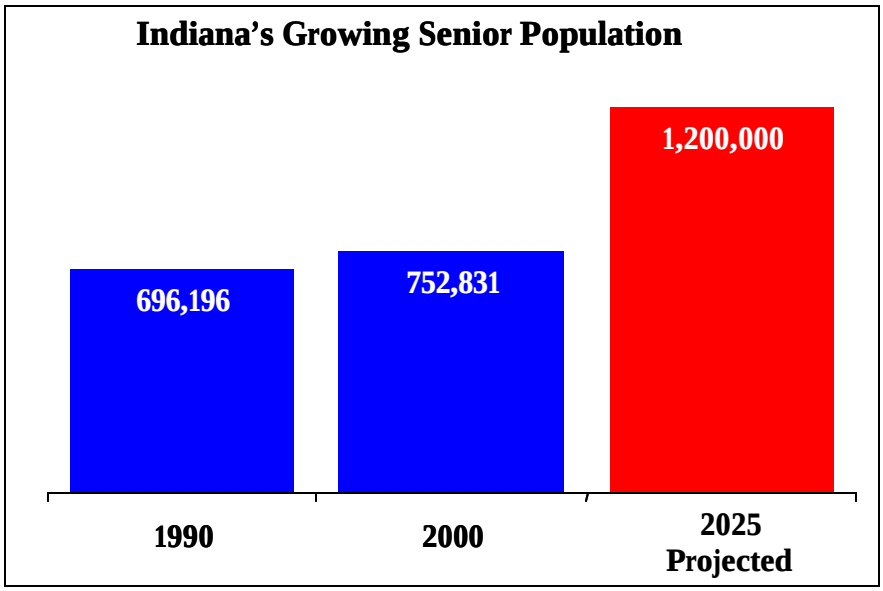
1. ***The Elderly***

"Seniors" are defined as persons who are age 65 or older. Population trends show that this segment of the population is growing rapidly. The 2000 U.S. Census counted 35 million people who are age 65 or older, a 12% increase from the 1990 census. It is estimated that the number of seniors will double by 2030. That estimate translates into 70 million seniors, representing 20% of the American population. In other words, one out of every five persons will be age 65 or older. Since the disabled are a large segment of the US population and disability often accompanies the aging process, clearly, the percentage of seniors nationwide with disabilities would be expected to increase proportionately. Estimates show that disabled seniors will account for 27% of the elderly population by the year 2020.



* Projected numbers of US population.

According to 2000 census figures, 12.4% of Indiana's population was 65 or older.[i] This translates into more than 752,000 persons, or one in every eight Hoosiers. According to data compiled by the Federal Administration on Aging, the senior population in Indiana increased by over 8% from the 1990 census.[ii] By 2025, Indiana's 65 and older population is expected to increase to over 1.2 million, making it the second-largest age category in the state with ratios mirroring the national estimates of nearly 20% of all Americans. For Indiana, however, this represents nearly a 60% increase from just the 2000 census figures over the next 25 years.



- **How many seniors are in need of care?**

Within this population group, it is estimated that at least 60 percent of people 75 and older will require some form of long-term care during the remainder of their life. In 2001, over 40,000 Hoosier seniors received care in a nursing home facility. Medicaid-eligible residents accounted for 2/3 of nursing home beds at a total cost to the taxpayers of $813 million. Although Indiana's 1999 nursing home bed ratio dramatically exceeded the national average at 83.8 beds per thousand seniors, (compared to a national average of 52.3), overall payments to nursing facilities decreased by 2.4% from 1995 to 2000.

Of Medicaid long-term care beneficiaries receiving services in 2000, approximately 75% received care in a nursing home, ICF/MR, or group home, while only 7.1% received long-term services through Medicaid waiver programs.

Medicare Enrollment *

As of July 1, 2001

	Total Population	Medicare -- All Beneficiaries		Disabled Beneficiaries		Aged Beneficiaries	
		Enrolled	%	Enrolled	%	Enrolled	%
United States	284,796,887	39,149,152	13.7%	5,405,700	1.9%	33,743,452	11.8%
Indiana	6,114,745	858,150	14.0%	120,335	2.0%	737,815	12.1%

* Enrollment is defined here as having coverage through Medicare Part A and/or Medicare Part B Supplemental.

How many seniors are below the Federal Poverty Limit (FPL)?

In 2001, national figures show that about 3.4 million elderly persons (10.1%) were below the FPL. These figures remained relatively constant after reaching a historic low in 1999. Another 2.2 million or 6.5% of the elderly were classified as "near-poor" with an income between the poverty level and 125% of this level.

According to data compiled by the Federal Administration on Aging which is calculated on the basis of the official poverty definitions for the years 1999-2001, nearly 8 percent of Indiana seniors aged 65 and older fall below the federal poverty level.[iii] Approximately 70,000 Hoosier seniors have monthly incomes less than $738 and annual incomes less than $8,860. This is somewhat lower than the national average of 9.9 percent.

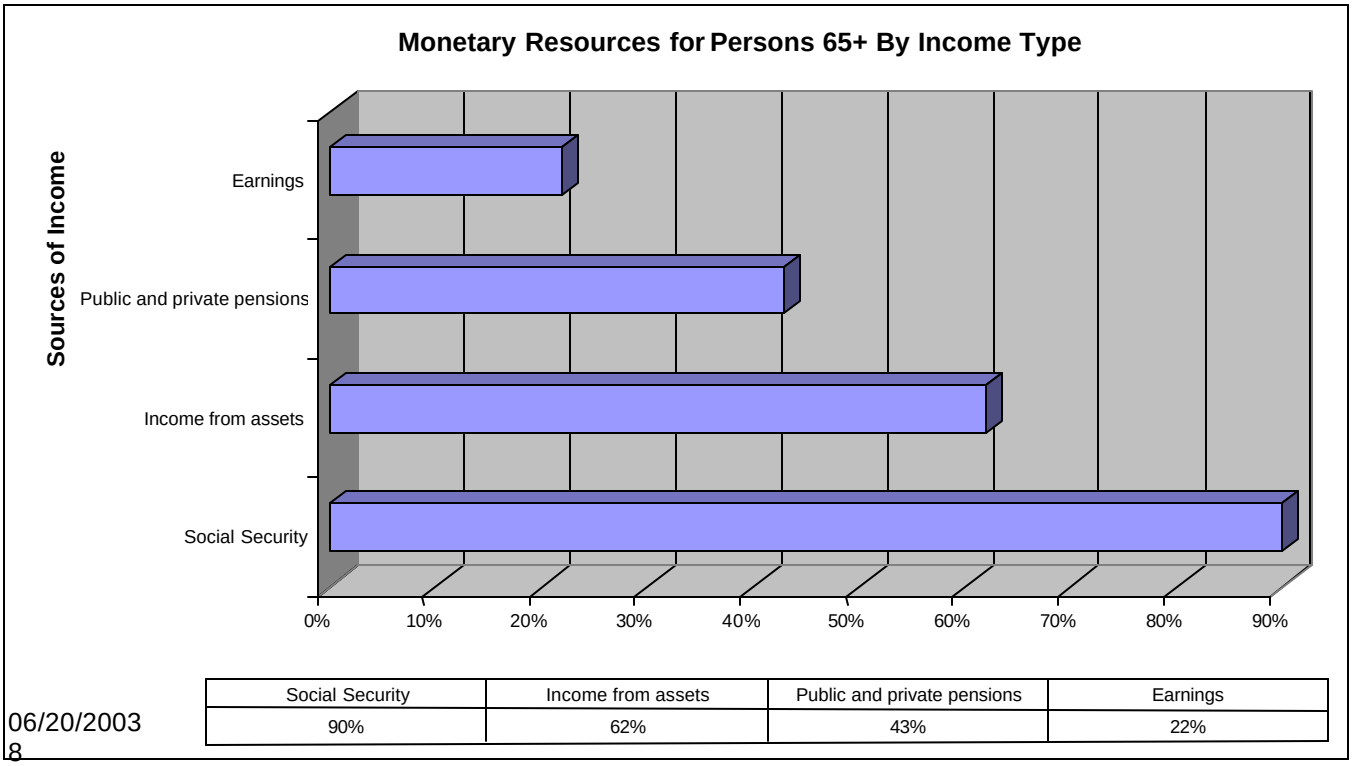
The federal poverty guidelines are calculated according to the following guidelines:

2002 HHS Poverty Guidelines	
Size of Family Unit	Contiguous States and D.C.
1	$8,860
2	11,940
3	15,020
4	18,100
5	21,180
6	24,260
7	27,340
8	34,420
For each additional person, add $3,080	

- **What is the major source of income for seniors?**

The Social Service Administration reported that the major sources of income for seniors in 2000 were the following:

- Social Security
- Income from assets
- Public and private pensions
- Earnings[iv]



Social Security	Income from assets	Public and private pensions	Earnings
90%	62%	43%	22%

2. ***Adults and Children with Developmental Disabilities***

- **Who are the Adults and Children with Developmental Disabilities?**

Developmental disabilities are severe, chronic disabilities attributable to mental and/or physical impairment (other than the sole diagnosis of mental illness), which manifest before age 22 and are likely to continue indefinitely. They result in substantial limitations in three or more of the following areas:

- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

Nearly four million Americans can be classified as developmentally disabled (MR/DD.) Approximately 3 percent (182,000) of Indiana's population have a developmental disability.[v] Indiana has 1,800 people with Developmental Disabilities living in a nursing home environment. Only four states have more.

In SFY 2000, of Indiana's 23,431 Medicaid enrollees with developmental disabilities and mental retardation, slightly more than 2% were served in state-operated facilities; 4 percent received care in ICF/MRs; and over 16% were served in a group home environment. The number of facility residents declined by nearly 50% in SFY 2000.

The numbers of MR/DD individuals currently receiving services identified by program areas are:

Service Setting	Clients	% of Total
Nursing Homes	4,396	33.5%
Group Homes	3,795	29.0%
Individuals on Individual Community Living Budgets (100% State funds)	3,315	25.3%
Large, Private ICFs/MR (11 Facilities)	832	6.3%
State Developmental Centers	608	4.6%
State Hospitals	160	1.2%
	13,106	**100.0%**

3. ***Adults and Children Who Are Mentally Ill***

- **Who are the Adults and Children who have mental illness?**

Mental illness is defined as those 18 years of age or older with a diagnosis of a major mental illness, severe disability, and no required duration (including those who have intermittent periods of serious mental illness over a long period of time.)

A serious emotional disturbance (SED) is defined as those under 18 years of age with a condition that results in improper behavior that interferes with the individual's ability to learn and function under normal circumstances. Children and adolescents with a SED have mental health problems that severely disrupt daily life at home, at school, and in the community.

Individuals with a serious mental illness often face insurmountable hurdles when attempting to enter the workforce. Some have educational gaps, concentration or endurance problems, and/or have medication-related side effects that make working difficult. There is an extremely high unemployment level among persons with mental illness, reaching as high as 85%.[vi]

Of the 44 million Americans who experience a mental disorder each year, nearly 1/3 are children.[vii] One in every five families is affected by a severe mental illness, such as bipolar disorder, schizophrenia, or major depression at some point. One in five American children and adolescents experience a behavioral, emotional, or mental health problem. One of every ten children or adolescent has mental illnesses severe enough to cause some level of impairment. Yet less than 20% of these young people ever receive needed treatment. [viii]

In Indiana, an estimated 270,000 adults (6% of the adult population) suffer from some form of mental illness.[ix] An additional 80,000 Hoosier children, ages 9 to 17, suffer from serious emotional disturbances**.** It is estimated that 223,000 Hoosiers have at least one co-occurring mental health and substance abuse disorder. The data also indicates that the severity of emotional and behavioral problems among adolescents is associated with increased likelihood of substance abuse. [x]

4. ***Adults and Children with Physical Disabilities***

Data regarding the disabled population is more limited than for other groups. Such is reflected in the following excerpts of a 1995 Department of Health & Human Services study [xi]. The survey cites several reasons for the lack of good data:

> While much is known about the frail elderly and their use of services, relatively little is known about other groups of persons with disabilities such as children, working age adults, and special populations (e.g., mentally ill, developmentally disabled) that cut across age groups.
>
> Numerous Federal surveys collect disability data on the working age population (aged 18-64), but except for the 1994/95 Disability Survey, none focus primarily on disability. That was not always the case. SSA conducted the Surveys of Disability and Work every few years beginning in the early 1960s in order to measure the extent of disability in the working age population and to examine the experience of disabled workers on SSDI and their families. The last Survey of Disability and Work was conducted in 1978 and there are no plans to repeat the survey. Nowadays, data sources include either special surveys on disability (like the 1994/95 Disability Survey) or the addition of disability questions on non-disability surveys.
>
> There are crucial but unresolved definitional and measurement issues among the working age population. No equivalent severity measures and survey questions have been developed for physical versus mental impairments. The standard functioning questions based on ADLs and IADLs often break down.
>
> A small but important segment of the working age population with disabilities are institutionalized (i.e., nursing homes, mental hospitals, prisons) or are homeless. Since few national surveys include this population and since the few surveys which focus on the institutionalized (i.e., the National Nursing Home Survey) have very small samples of the non-elderly, we know little about this group.

Disability Status of the Civilian Non-Institutional Population

	Indiana		U.S.	
	Number	%	Number	%
Population 5 years and over	**5,563,619**		**257,167,527**	
With a disability	1,054,757	19.0%	49,746,248	19.3%
Population 5 to 15 years	**972,185**		**45,133,667**	
With a disability	61,622	6.3%	2,614,919	5.8%
Sensory	9,746	1.0%	442,894	1.0%
Physical	9,891	1.0%	455,461	1.0%
Mental	50,918	5.2%	2,078,502	4.6%
Self-care	8,306	0.9%	419,018	0.9%
Population 16 to 64 years	**3,884,065**		**178,687,234**	
With a disability	691,505	17.8%	33,153,211	18.6%
Sensory	97,418	2.5%	4,123,902	2.3%
Physical	243,669	6.3%	11,150,365	6.2%
Mental	144,016	3.7%	6,764,439	3.8%
Self-care	63,617	1.6%	3,149,875	1.8%
Going outside the home	204,264	5.3%	11,414,508	6.4%
Employment disability	439,868	11.3%	21,287,570	11.9%
Population 65 years and over	**707,369**		**33,346,626**	
With a disability	301,630	42.6%	13,978,118	41.9%
Sensory	105,274	14.9%	4,738,479	14.2%
Physical	209,251	29.6%	9,545,680	28.6%
Mental	70,735	10.0%	3,592,912	10.8%
Self-care	64,661	9.1%	3,183,840	9.5%
Going outside the home	138,302	19.6%	6,795,517	20.4%
Population 18 to 34 years	**1,419,258**		**64,654,308**	
With a disability	191,349	13.5%	9,468,241	14.6%
Percent enrolled in college or graduate school		12.8%		14.5%
Percent not enrolled and with a bachelor's degree or higher		6.0%		7.9%
No disability	1,227,909	86.5%	55,186,067	85.4%
Percent enrolled in college or graduate school		21.0%		21.4%
Percent not enrolled and with a bachelor's degree or higher		14.4%		17.5%
Population 21 to 64 years	**3,434,336**		**159,131,544**	
With a disability	635,620	18.5%	30,553,796	19.2%
Percent employed		60.8%		56.6%
No disability	2,798,716	81.5%	128,577,748	80.8%
Percent employed		80.2%		77.2%

Source: U.S. Census Bureau, Census 2000 Summary File 3, Matrices P42, PCT26, PCT27, PCT28, PCT29, PCT30, PCT31, PCT32, and PCT33.

5. ***Children At-Risk***

- **Who are Children At-Risk?**

Approximately 26% (1.58 million) of Indiana's population are children 17 and younger.[xii] The Annie E. Casey Foundation defines the "at risk child" as a child who lives in a family with four or more of the following risk factors:[xiii]

- The child does not live with two parents;
- The head of household is a high school dropout;
- The family income is below poverty level;
- The child lives with underemployed parent(s);
- The family receives welfare benefits;
- The child does not have health insurance.

The Indiana Children At-Risk Task Force has identified additional indicators of children who may be at-risk.

Pre-natal at-risk indicators include:

- Smoking
- Alcohol and drug use
- Lack of health care visits in the first trimester
- Nutrition/diet quality/food insecurity
- Pregnancies too close together
- Teen pregnancy and unmarried teen pregnancy Low birth weight
- Housing instability and/or employment instability

Children who may be at risk are:

- Children in TANF families
- Children in Food Stamp families
- Children receiving free and reduced school breakfast and lunch programs
- Baby born to a mother under 20 with no high school degree
- Children whose sibling is arrested
- Children in a low family functioning
- Children whose sibling is a victim of abuse/neglect
- Children who experience stress in the social environment
- Children whose parents are separated, or whose parents are separated from them
- Children who have not bonded with parent(s)
- Children whose family experiences economic stress
- Children whose families have lost insurance
- Children whose families have insurance that does not cover a specific condition
- Children whose families have insurance with high co-pays
- Children with a lack of access to health care
- Children with a criminal arrest in the family
- Children with a parent who is incarcerated
- Children who live in neighborhoods with crime, gangs, and drugs
- Children whose parent(s) abuse drugs and alcohol
- Children of parents with serious mental illness or developmental disabilities
- Children with autism or serious emotional disorder

Children who are at imminent risk are:

- Victim(s) of abuse, neglect, or other crime
- Children who are truant and/or experience academic failure
- Children who commit delinquent acts
- Children who use drugs or alcohol
- Children who experience family economic stress
- Children who commit a parole or probation violation
- Children who age out of the foster care system

Children who are in risk are:

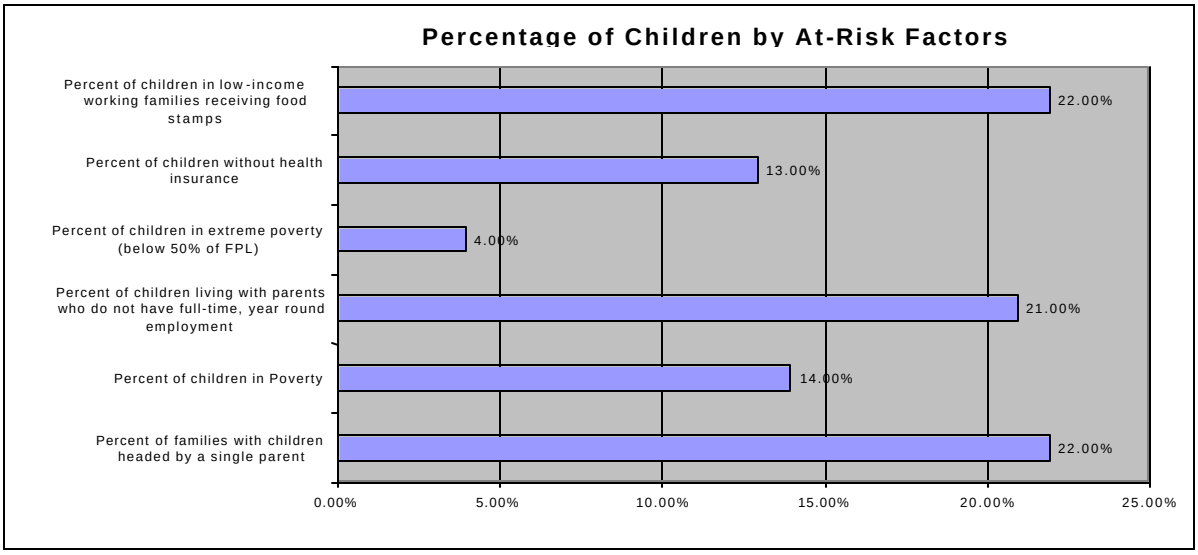
- Children in state-operated facilities
- Children who are committed to the Department of Correction
- Children in-patients in private hospitals with private pay
- Children in private detention and treatment centers
- Parole violators

It is pertinent to note that the number of risk factors is more predictive of "at risk" results than any one factor by itself or any combination of several factors.

2000 census data indicates that 11% (174,000) of Hoosier children live in poverty, compared with 16% nationally, showing that Indiana fares better than many other states.

Nationally, 12% of all children could be classified as at-risk, a decrease of 1% from 1990. The table below reflects the occurrence of risk factors for children in the U.S.

According to data collected by the Annie E. Casey Foundation, 6% (95,000) of Hoosier children are at-risk.[xiv] Indiana decreased its number of at-risk children by half (12%-6%), marking the second largest improvement of any state during the years 1990-2000.



In addition to at-risk factors, the Children At-Risk Task Force identifies the following child well-being factors:

Children living in financial security
Children living in stable and secure housing situations
Children who have health care
Children who receive nutrition/diet quality/food security
Children whose immunizations are current
Children who have had well-baby visits
Children whose parents/families read to them
Children who receive affordable and quality childcare

It would be the desire of this commission to develop a web-site that links all the available data regarding at risk children in Indiana. This data should be organized by county.

SECTION II: SERVICES

This section seeks to define the services vital to the populations described in Section I. National and state data is included where possible.

1. ***Housing***

Of the 21.8 million households headed by older persons in 2001, 80% were homeowners while the remainder were renters. The median family income of older homeowners was $23,409 but only $12,233 for older renters. In 2001, 41% of older householders spent more than one-fourth of their income on housing costs, compared to 39% of for homeowners of all ages.

Nationally, there are 6.1 million very low to extremely low-income seniors with priority housing problems. It would take over 40,000 additional housing units a year just to maintain the current ratio of six seniors with unmet housing needs to each subsidized unit now occupied by a senior. It is estimated that there will be 9.5 million low to extremely low-income seniors in 2020. Assuming that only one-quarter of those seniors want to live in rent-assisted housing, it would be necessary to provide 140,000 units a year for the next 17 years.[xv]

According to the 2000 US Census, there are more than 2.5 million housing units in Indiana. About 196,000 were vacant and 71% of the housing units are owner-occupied. Affordable housing is an essential component of family and personal well-being; however, locating affordable housing may be easier said than done for a large part of Indiana's special populations. Over 28% of renters spend more than 35% of their income for rent alone. In Indiana, a full-time worker must earn $10.93 per hour to rent a modest two-bedroom home.

2. ***Transportation***

The inability to access affordable, reliable, and convenient transportation contributes to job loss and low job retention.[xvi] However, accessible transportation also impacts several other quality of life indicators such as political participation, access to entertainment, socialization, and religious attendance. Without transportation, Hoosier families are negatively impacted in most means that maintain self-sufficiency.

For the elderly and disabled population, the lack of available and convenient transportation can exacerbate isolation, as well as negatively impact their ability to access work opportunities, health care, groceries, and other essential services. Medicaid-eligible individuals can access transportation through program covered health care services only.

In the year 2000, inaccessible and unavailable transportation remained an obstacle confronting persons with disabilities, hindering their ability to work and socialize outside the home. For every 10 disabled persons, 3 will have problems accessing adequate transportation. By contrast, only 1 out of 10 people without a disability have a problem with adequate transportation and of those experiencing difficulty, only 4% cite transportation as a major problem. The transportation gap between people with disabilities and people without disabilities has actually widened by 7 percentage points since 1998.[xvii]

Not surprisingly, inadequate transportation is an even greater obstacle for people with severe disabilities. People with a somewhat severe to very severe disability are more than three times as likely to view transportation as a problem (34% and 36% respectively) than people without disabilities (10%.) [xvii]

Income also seems to play a large role as people with annual household incomes of $15,000 or less, regardless of whether or not they are disabled, are much more likely to say transportation is a problem than people with annual household incomes of $50,000 or more. [xvii] Although Indiana has 44 public transit systems, 29 counties have no public transportation providers. [xvii]

3. ***Vocational Services***

People with disabilities are employed at lower rates that the general population. Moreover, the more severe the disability, the less likely a person is to be employed. The National Organization on Disability reports that only 32% of Americans with disabilities aged 18 to 64 are working compared to 81% of those without disabilities in this age category.[xviii] Two-thirds stated that they would rather be working.

Of those who reported encountering barriers, approximately 35% indicated that they could not afford training or educational programs or that they had been denied entrance into the programs. Only 9% replied that they faced discriminatory attitudes on the part of training staff.[xix]

According to Census 2000, more than 140,000 Indiana civilian non-institutionalized persons age 16 to 64 had an employment disability and were unemployed.[xx]

4. Community and Personal Assistance Support Services

The populations addressed within this data book obtain their health and personal assistance support services predominately through Medicaid funded programs. Although Medicaid eligibility standards are quite complex, in general it can be said that eligibility requirements for Medicaid sponsored programs are as follows:

Members of Families with Children. Families meeting the income and resource standards for the Temporary Assistance to Needy Families (TANF) program are also eligible for Medicaid whether or not they actually receive TANF cash assistance.

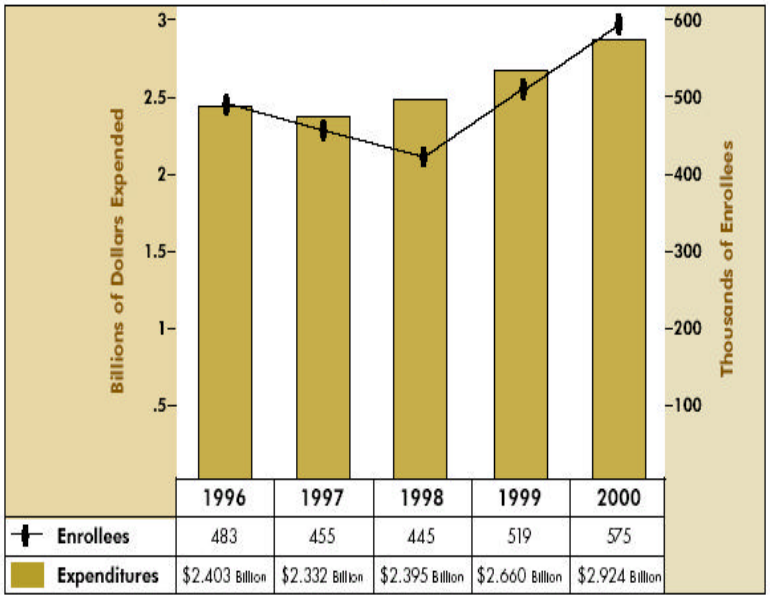
Children and Pregnant Women Pregnant women and children under age nineteen with family incomes up to 150% of the federal poverty level are eligible for Medicaid. Prior to July 1, 1998, children from age one through age five were not eligible if their family incomes exceeded 133% of the federal poverty level and children aged 6 through 18 were not eligible if their family incomes exceeded 100% of the federal poverty level. The income standard and continuous coverage were adopted by the Indiana General Assembly in Public law 58-1998 which is “Phase I” of Indiana’s implementation of the federal Children’s Health Insurance Program.

Aged. Individuals aged sixty-five or older are eligible for Medicaid if they meet certain financial criteria. The financial criteria are more lenient if one spouse is in a nursing facility, while the other lives in the community. In addition, persons eligible for Medicare Part A may qualify to have Medicaid pay their Medicare premiums, co-payments and deductibles as a Qualified Medicare Beneficiary (QMB), a Qualifying Individual (QI), a Qualified Disabled and Working Individual, or a Specified Low Income Medicare Beneficiary (SLMB).

Blind and Disabled. The definition of "blind" for eligibility purposes is the same as the definition used by the federal Social Security Administration. To be eligible in the disability category, a disabled person must have a physical or mental impairment, disease or loss that appears reasonably certain to continue throughout four or more years of the individual's life without significant improvement. The disability must also substantially impair his/her ability to perform labor or to engage in a useful occupation. Blind and disabled recipients may also be eligible for the Medicare-related programs described above, if they are eligible for Medicare.

The Medicaid program has grown substantially on a national and state level. The growth of the Indiana's Medicaid program is reflected in the increase in enrollees and expenditures:

Medicaid Enrollees and Expenditures[7,8,9] [Figure 1]



	1996	1997	1998	1999	2000
Enrollees	483	455	445	519	575
Expenditures	$2.403 Billion	$2.332 Billion	$2.395 Billion	$2.660 Billion	$2.924 Billion

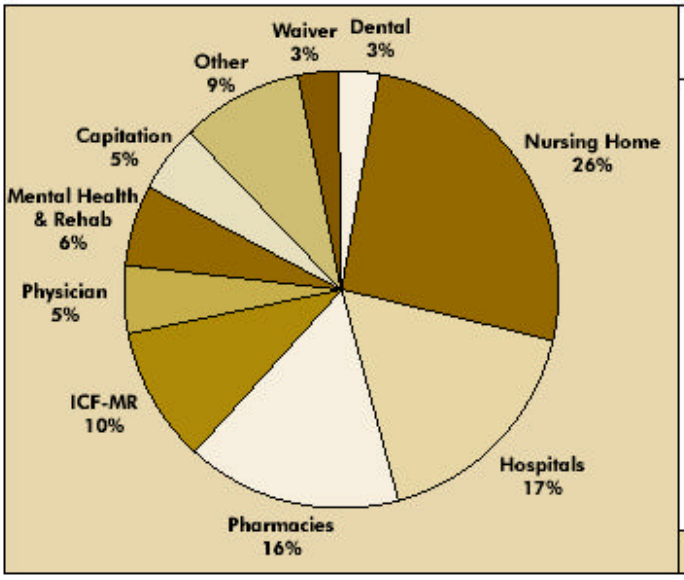
The increase in expenditures is closely related to the growth in services provided in institutional settings such as nursing homes and hospital. This trend is directly related to the growth of the population over the age of 85.

Although the aged, blind and disabled population accounts for only 25% of all Medicaid beneficiaries, they also account for 68.8% of all Medicaid-related spending during State Fiscal Year 2001. Conversely, low-income families that comprise 75% of the Medicaid-eligible population, actually, only account for 31.2% of all Medicaid expenditures. This is due to the fact that the aged, blind, and disabled categories utilize healthcare services more intensely than the low-income segment of the Medicaid-eligible population.

Payments by aid group for SFY 2001 are indicated below:

Aid Group	Total Payments	% of Total Payments
Disabled	$1,210,316,030	37.2%
Aged	$1,000,948,966	30.8%
Child	$577,352,418	17.7%
Adult	$206,437,412	6.3%
Pregnant Women	$90,301,047	2.8%
CHIP I	$75,775,573	2.3%
Uncategorized	$58,389,807	1.8%
Blind	$26,019,796	0.8%
CHIP II	$7,565,864	0.2%
Total	**$3,253,106,913**	**100.0%**

Medicaid Expenditures by Provider Category [Figure 2]



Provider Category	Expenditures (in Millions)
Nursing Home	$ 773
Hospitals	498
Pharmacies	454
ICF-MR	289
Physician	156
Mental Health & Rehab	164
Capitation	145
Waiver	101
Dental	88
Other	256
Total	**$2,924**

Traditionally, the majority of older and disabled adults have lived in nursing homes and state supported institutions, many because no other alternatives have been available to them. Consumer preferences, the high cost of institutional care, and recent Supreme Court rulings (*L.C. & E.W. vs. Olmstead*) have slowly eroded such care restrictions. In an effort to assist seniors and persons with disabilities in maintaining their independence and privacy, several in-home and community-based personal assistance support services have been incorporate as alternatives to institutionalization.

Community-based care originated as an outgrowth of the idea of meeting the needs of people with disabilities by emphasizing a presence in the community, health and safety, and self-determination. These programs provide high quality, cost effective, and accessible services that afford older persons and persons with disabilities the ability to maintain their independence and privacy by preserving the option to live independently in their own homes as long as possible. In-home services include home health services, homemaker services, attendant care, respite care, adult day services, transportation, home delivered meals, habilitation, therapies, as well as other appropriate services such as minor home modifications and adaptive aids. All of these services are available, including Medicaid waivers, through a case management driven system.

At present, it is estimated that more than 291,000 Hoosiers over age 65 experience some limitation in two or more “activities in daily living” such as bathing, dressing, or walking, and an additional 559,000 Hoosiers below age 65 who experience some limitations in these activities.[xxi]

5. *Institutional Services vs. Community Services*

The number of Hoosiers with disabilities and mental illnesses that are receiving home-based services or in services within the community has more than doubled while the number in a state-owned or private institution has been cut in half.

Although the predominate focus of community-based services rests on maximizing quality of life, there is no dispute that the cost of institutional care is higher than the cost of services provided in a community-based setting. One nationwide study calculated the cost of institutional care as more than six times the average cost of community-based care.

Indiana Nursing Home Facts

Average Medicaid Daily Rate	$102.08
Average Private Pay Daily Rate	$120.58
Number of Medicare Certified Beds	3,258
Number of Medicaid Certified Beds	14,421
Number of Dual Medicare/Medicaid Certified Beds	37,786
Number of Medicaid Home Health Agencies	140

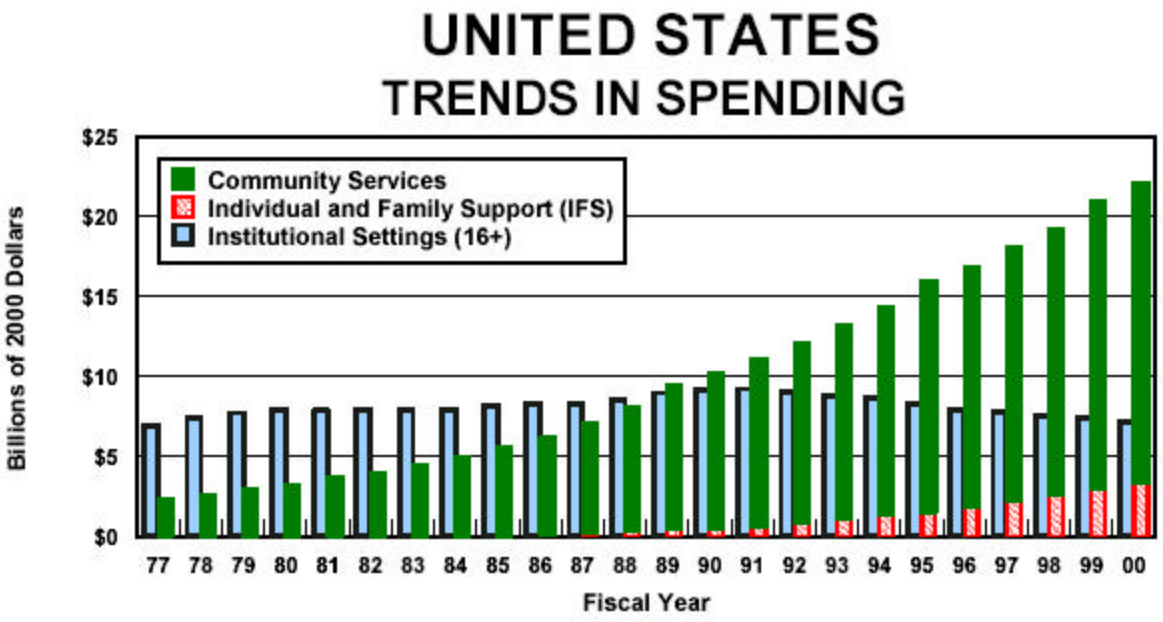
In-Home vs. Institutional Cost

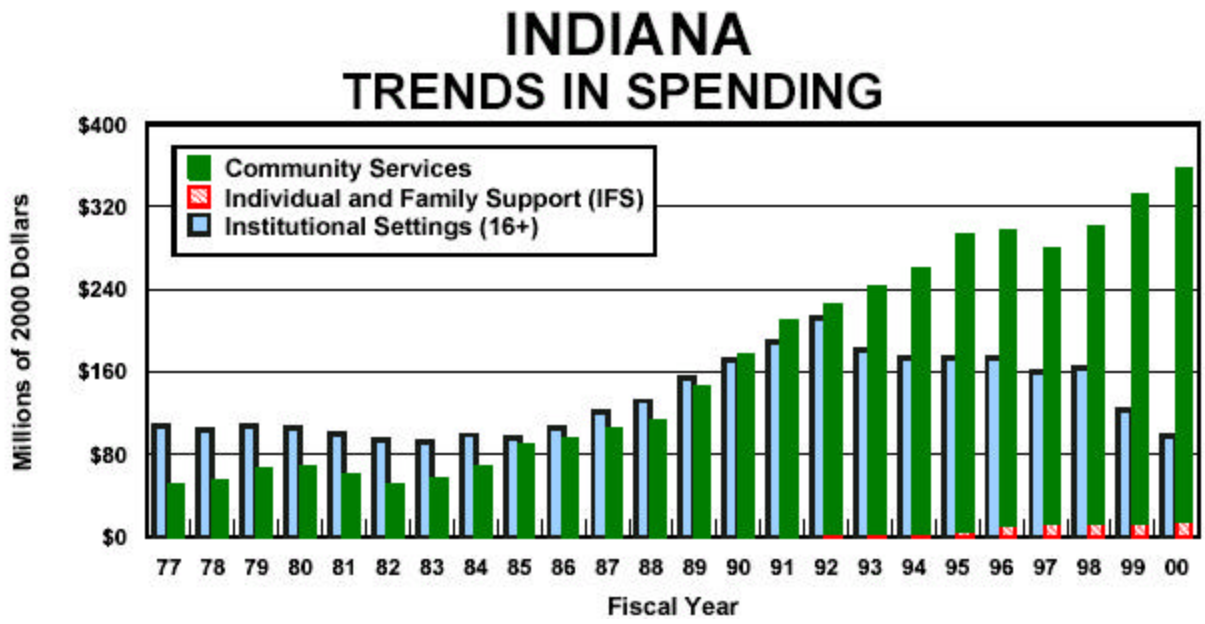
Average CHOICE and Aged and Disabled Medicaid Waiver Costs Compared to Medicaid Nursing Facility Case Mix Average Rate*

	Average CHOICE Cost	Average A&D Waiver Cost	Nursing Facility Case Mix Average Rate
DAILY	**Total**		
State Share	$19.82	$10.58	$38.20
Federal Share	-0-	$17.30	$ 62.42
TOTAL	$19.82	$27.88	$100.62
MONTHLY			
State Share	$602.86	$321.93	$1,161.92
Federal Share	-0-	$526.15	$1,898.61
TOTAL	$602.86	$848.08	$3,060.53
ANNUALLY			
State Share	$7,234.30	$3,863.17	$13,941.30
Federal Share	-0-	$6,313.79	$22,785.00
TOTAL	$7,234.30	$10,176.96	$36,726.30

One rather dramatic example is the Muscatatuck State Development Center in Butlerville, Indiana, a state-owned institution that cares for its 177 residents on an annual operating budget of $56 million. These figures translate into a staggering cost of approximately $316,000 per person per year.

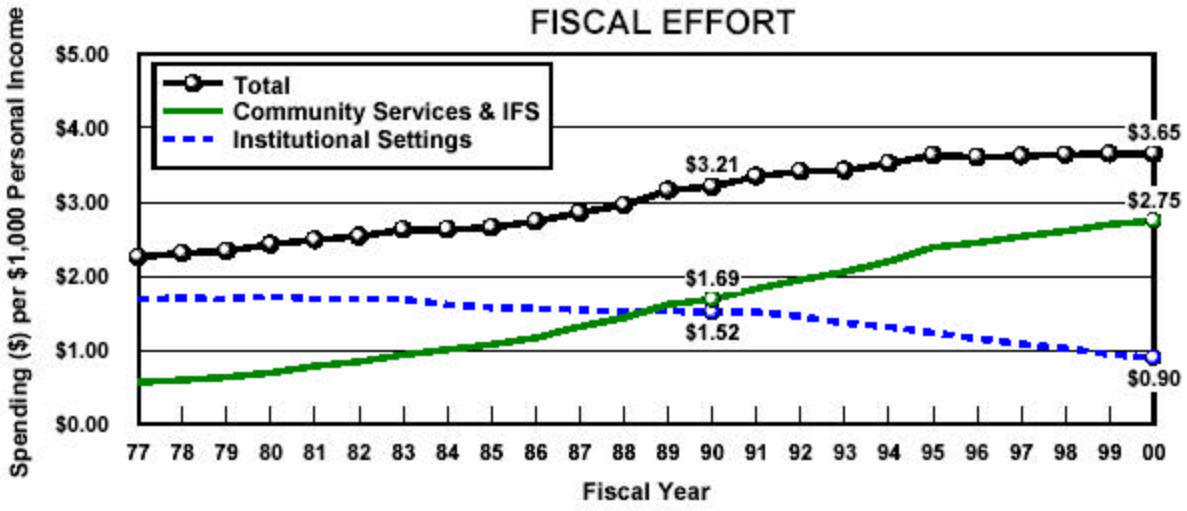
The next page of charts provides a comparison of programs as well as spending and funding sources for developmental disability programs across the United States.



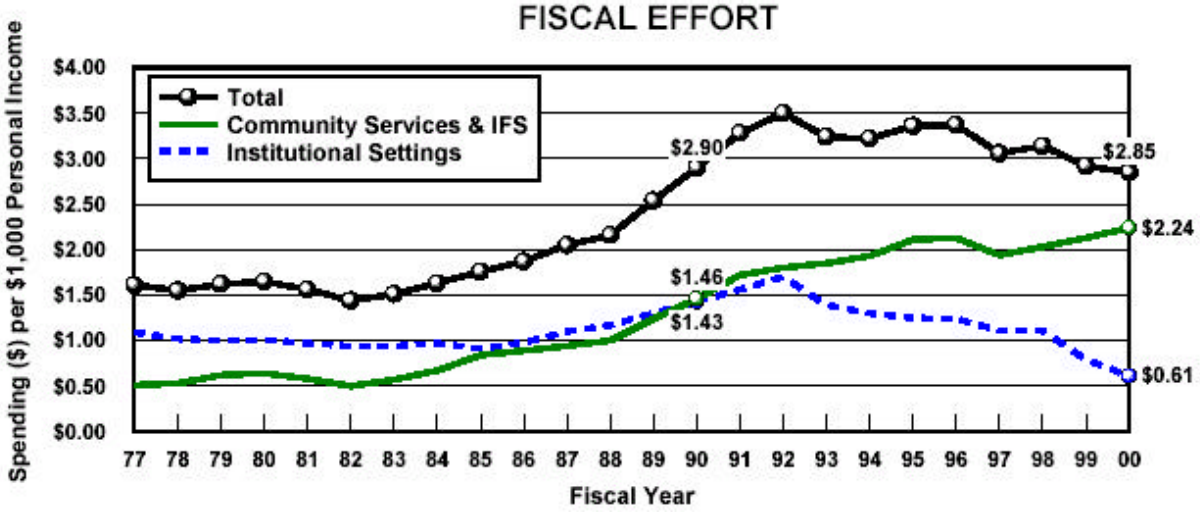


Indiana's shift in funding from institutional settings to community-based services has been more dramatic than the national average. As reflected above, Indiana has increased spending for home and community-based services by 620% since 1982. Over the same period, the U.S. as a whole has increased spending for home and community-based services by only about 390%. Beginning in 1992, Indiana's funding for institutional settings began to decrease. From 1992 to 2000, the state reduced funding for institutional settings by 52%. For all states, the reduction over this period was only 16%.

UNITED STATES

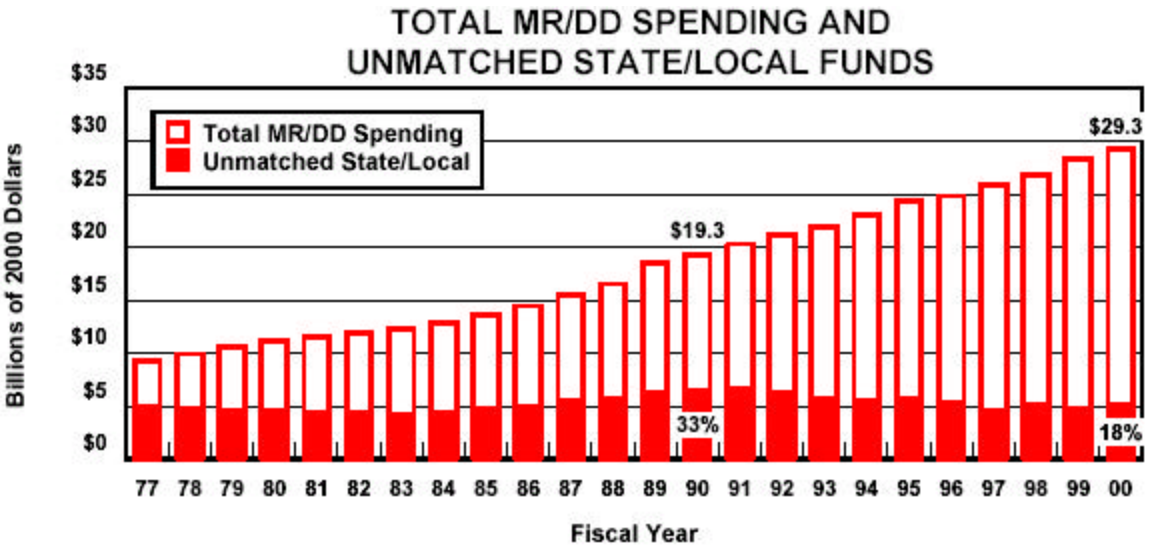


INDIANA



The Coleman Institute for Cognitive Disabilities measures ***fiscal effort*** as the amount spent for services as a percentage of personal income. For community-based services, Indiana's increase in fiscal effort since 1980 has been slower than the national average. Indiana has increased from $0.70 per $1,000 of personal income in 1980 to $2.24 in 2000 – an increase of 220%. Over the same period, however the national average grew from $0.75 to $2.75, an increase of 266%. In 2000 dollars, Indiana's fiscal effort for community-based services ($2.24 per $1,000 of personal income) represents about 81% of the national average of $2.75.

UNITED STATES



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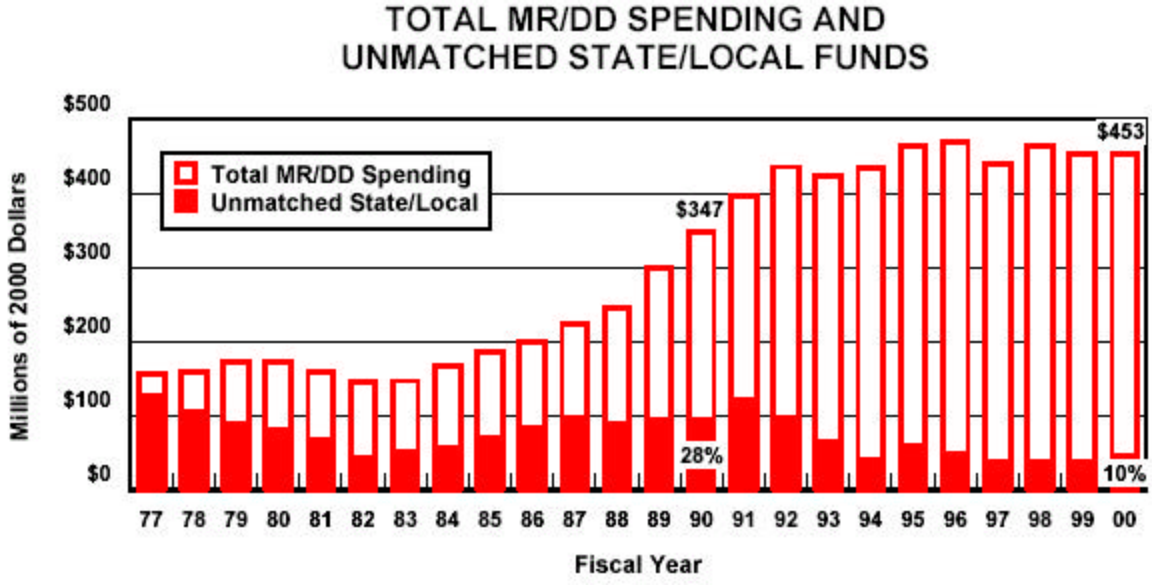
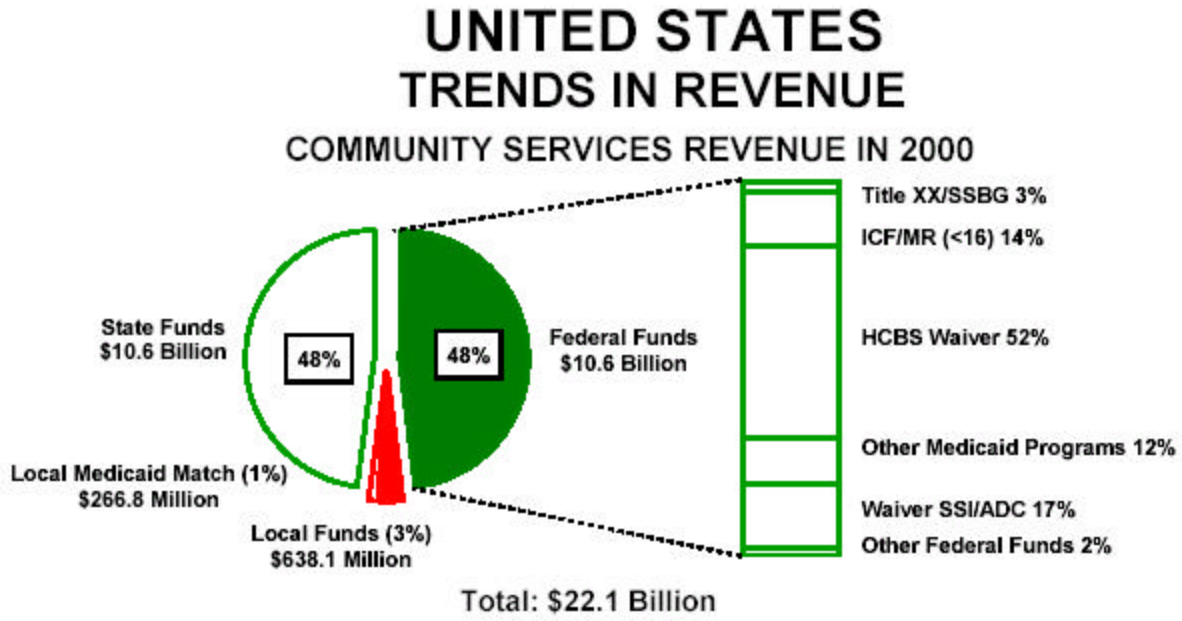
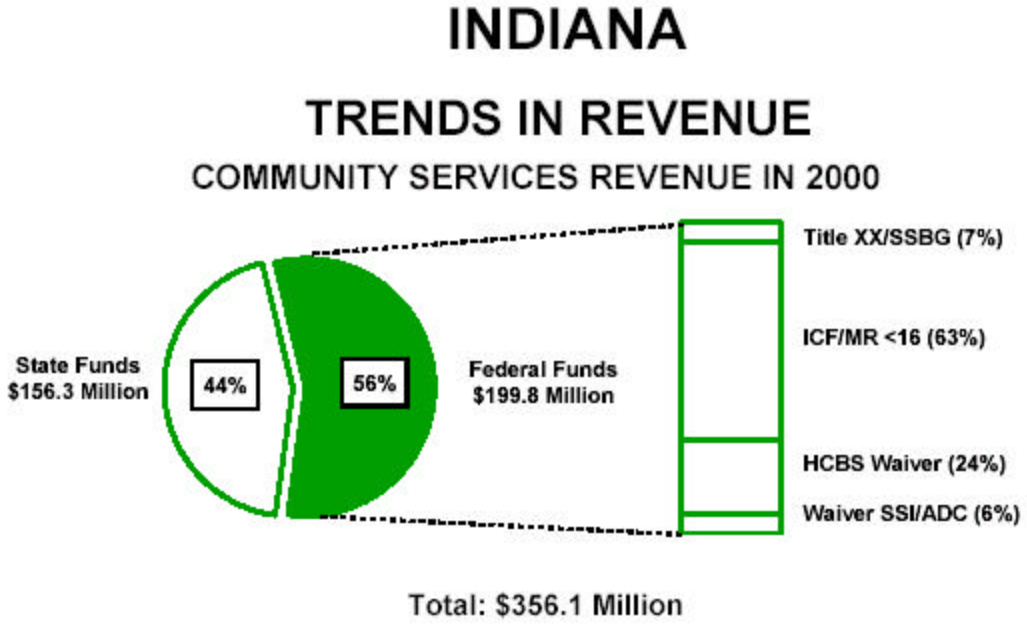


As shown in the chart above, Indiana began increasing spending for developmental disability (DD) services around 1982. In 2000 dollars, total state spending increased by 202% between 1982 and 2000. Over the same time period, the nation increased total spending for DD Services by about 144%.

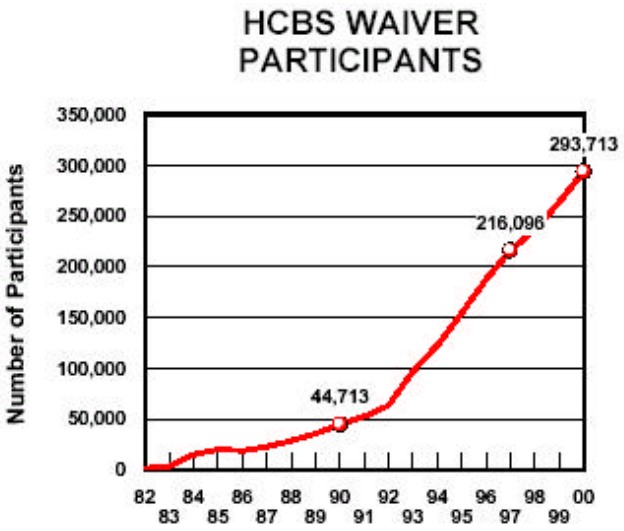
Another measure is the extent to which state and local funds are used to match, or leverage, federal funds. As of 2000, Indiana's level of unmatched spending was 10%. This compares to the national average of 18% for 2000. This leveraging effort is evident in the following charts as well.

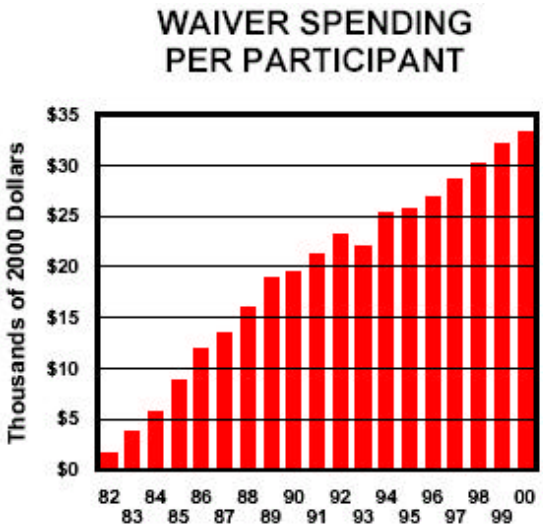


In SFY 2000, state and local funds represented 52% of all funds expended for community services in the United States. In the same year, Indiana utilized 44% state dollars for community services. Although Indiana lagged the national average for leveraged funding by 8%, the state still spent 7% more than the required Medicaid match.



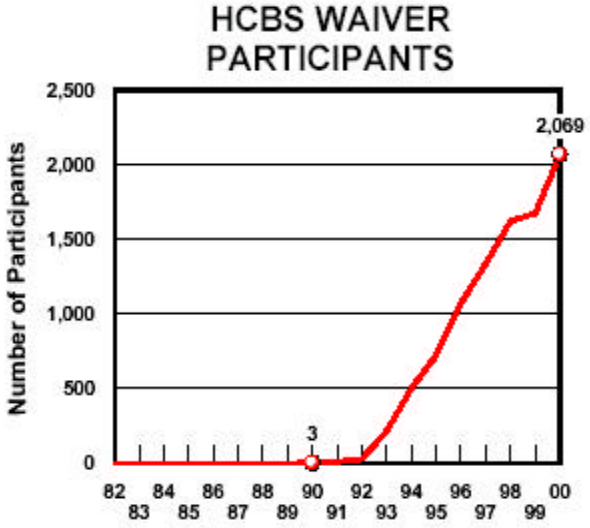
UNITED STATES

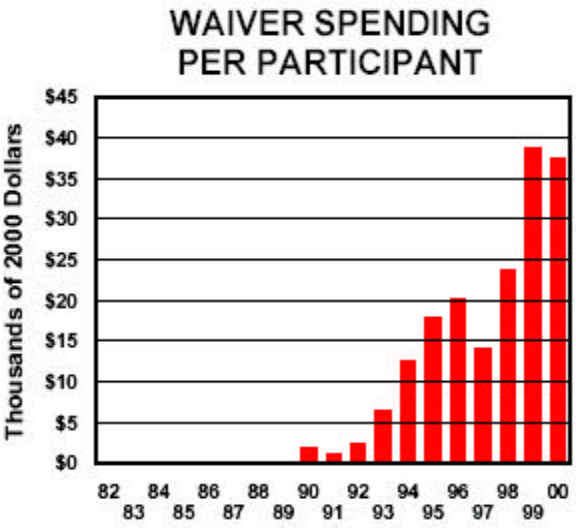




Although home and community-based waiver services grew from approximately $2000 per participant per year in 1982 to $33,000 by the year 2000, the number of participants increased from less than 100 nationwide to nearly 294,000 by 2000.

INDIANA



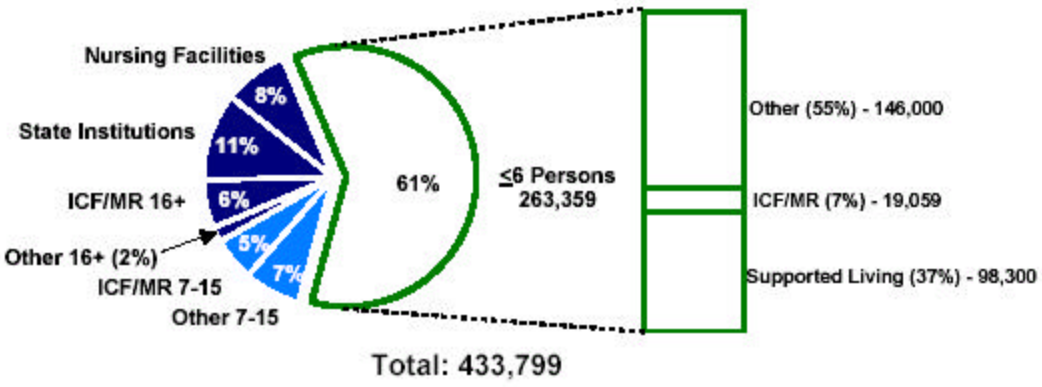


Indiana grew from spending approximately $1000 per waiver participant per year in 1990 to about $36,000 in 2000. Indiana's participant base also grew from a mere 3 waiver clients in 1990 to 2,069 by the year 2000. Although Indiana was slow to move toward providing waiver services and its growth inconsistent, overall its growth has kept pace with national trends.

UNITED STATES

TRENDS IN RESIDENTIAL SERVICES

PERSONS SERVED BY SETTING IN 2000

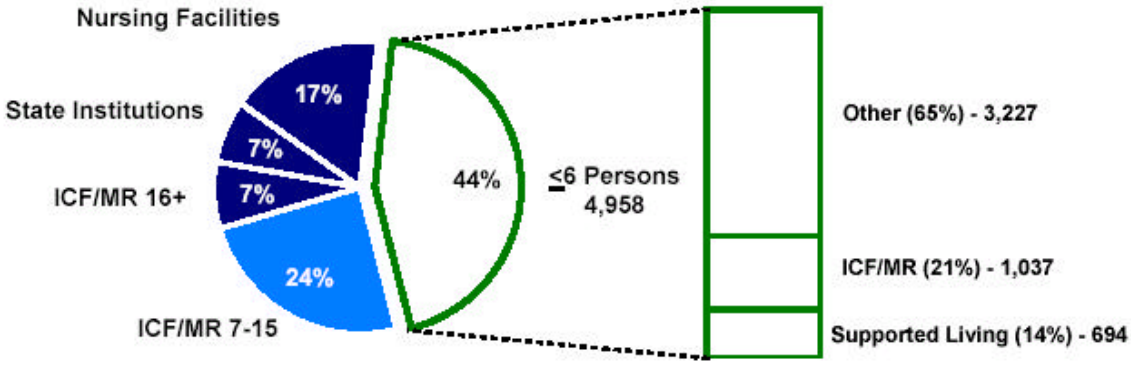


Total: 433,799

INDIANA

TRENDS IN RESIDENTIAL SERVICES

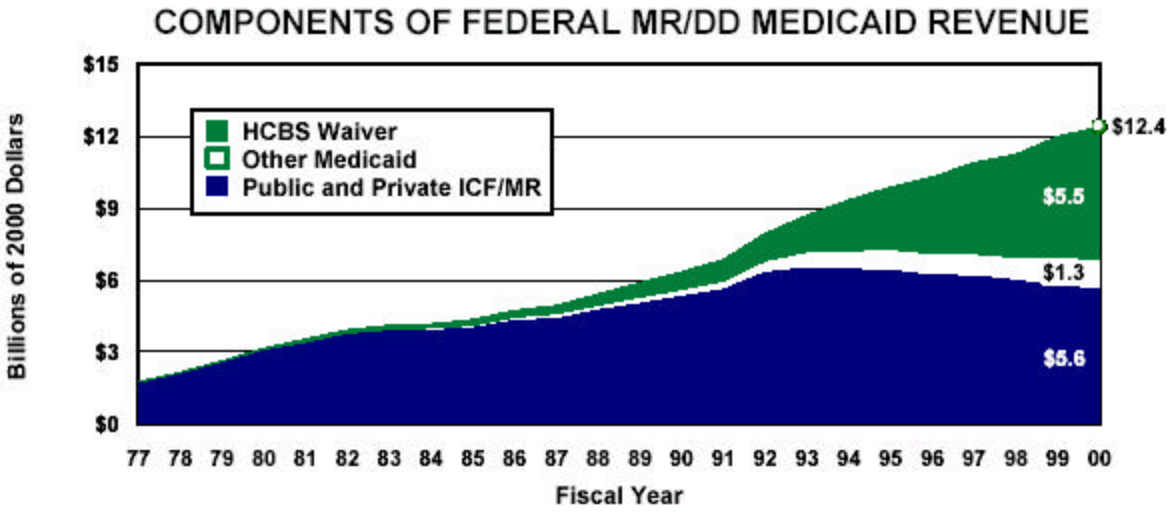
PERSONS SERVED BY SETTING IN 2000



Total: 11,262

In terms of serving individuals in smaller settings, Indiana lags behind other states. The 2000 national average for individuals with MRDD served in settings of six people or less was 61%. In Indiana, however, the rate was only 44%. It is desirable to serve individuals in the least restrictive setting as possible since this approach maintains a more "home-like" environment. For additional information, please reference the charts on page 27 and 28.

UNITED STATES



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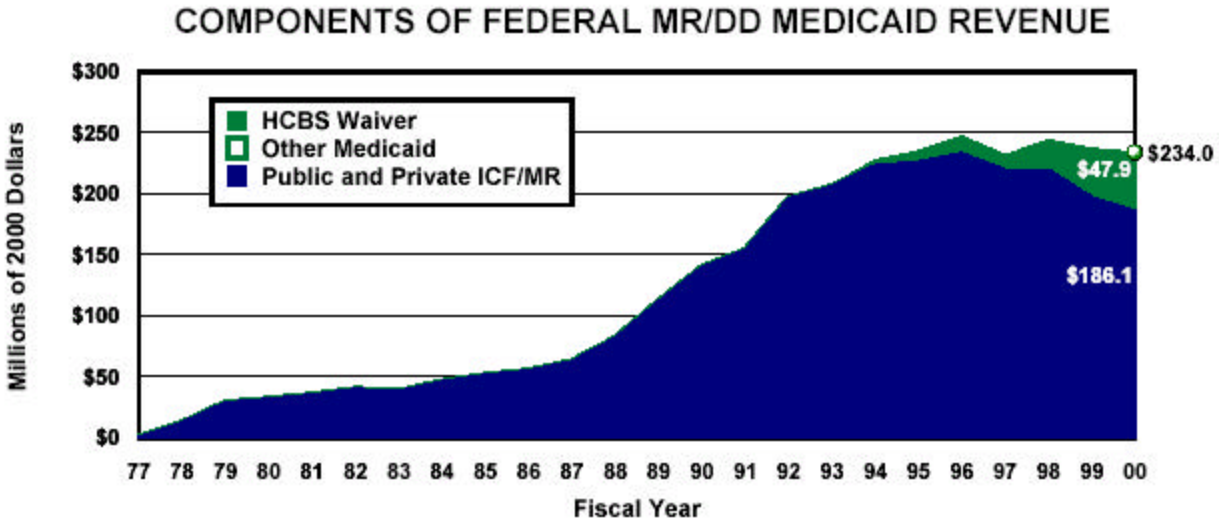


Trends in Persons Served By Setting -- Developmental Disabilities

Unites States

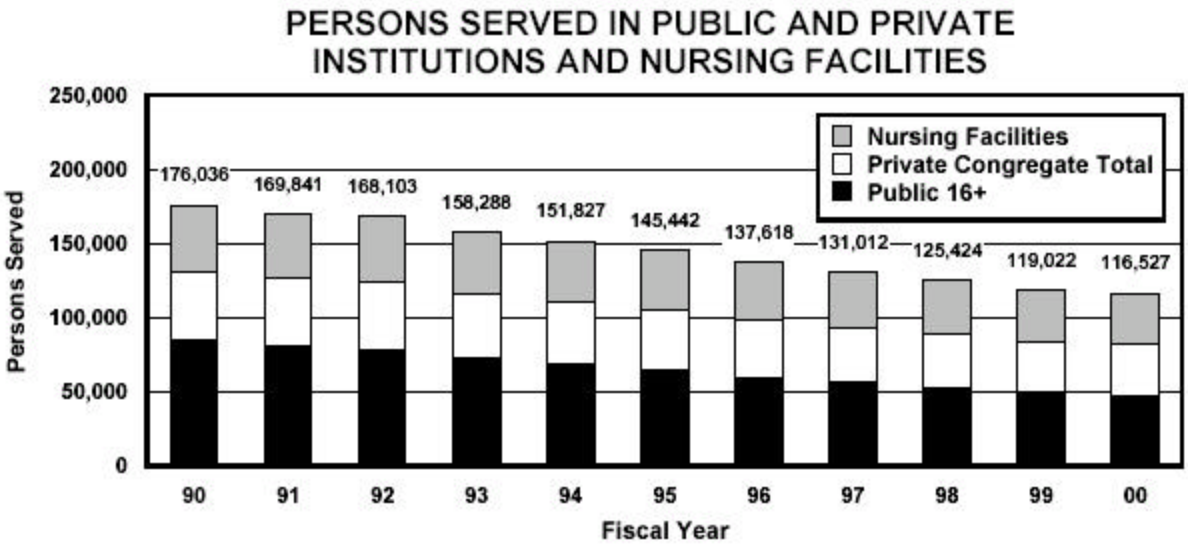
	1990 ----	1995	1996	1997	1998	1999	2000	10-Year Change
TOTAL	**323,479**	**380,721**	**390,585**	**401,559**	**412,785**	**422,351**	**433,799**	**34.1%**
16+ PERSONS	**176,037**	**145,442**	**137,618**	**131,013**	**125,424**	**119,022**	**116,527**	**-33.8%**
Nursing Facilities	44,903	40,249	38,960	37,229	36,252	35,132	34,743	-22.6%
State Institutions	84,818	64,187	59,775	56,343	52,754	49,276	47,374	-44.1%
Private ICF/MR	32,926	30,752	28,777	27,744	27,271	26,218	26,107	-20.7%
Other Residential	13,389	10,255	10,106	9,696	9,147	8,396	8,303	-38.0%
7-15 PERSONS	**78,819**	**55,755**	**54,493**	**54,399**	**53,672**	**53,255**	**53,913**	**-31.6%**
Public ICF/MR	4,027	4,434	1,579	1,594	1,431	1,259	1,368	-66.0%
Private ICF/MR	21,008	23,197	23,443	22,949	22,813	21,818	21,927	4.4%
Other Residential	53,784	28,124	29,471	29,856	29,428	30,178	30,618	-43.1%
≤6 PERSONS	**68,623**	**179,524**	**198,475**	**216,148**	**233,689**	**250,074**	**263,359**	**283.8%**
Public ICF/MR	300	775	983	1,275	1,192	1,079	1,137	279.0%
Private ICF/MR	8,940	17,303	18,001	19,083	19,269	17,904	17,922	100.5%
Other Residential	59,383	161,446	179,491	195,790	213,228	231,091	244,300	311.4%

Indiana

	1990 ----	1995	1996	1997	1998	1999	2000	10-Year Change
TOTAL	**9,659**	**10,152**	**10,297**	**10,643**	**11,199**	**11,671**	**11,262**	**16.6%**
16+ PERSONS	**5,132**	**4,507**	**4,313**	**4,009**	**4,177**	**3,961**	**3,550**	**-30.8%**
Nursing Facilities	2,370	2,057	2,057	1,823	2,000	2,200	1,933	-18.4%
State Institutions	1,983	1,299	1,261	1,191	1,182	926	782	-60.6%
Private ICF/MR	779	1,151	995	995	995	835	835	7.2%
Other Residential	0	0	0	0	0	0	0	n/a
7-15 PERSONS	**1,327**	**2,767**	**2,767**	**2,763**	**2,763**	**2,754**	**2,754**	**107.5%**
Public ICF/MR	0	0	0	0	0	0	0	n/a
Private ICF/MR	1,327	2,767	2,767	2,763	2,763	2,754	2,754	107.5%
Other Residential	0	0	0	0	0	0	0	n/a
<6 PERSONS	**3,200**	**2,878**	**3,217**	**3,871**	**4,259**	**4,956**	**4,958**	**54.9%**
Public ICF/MR	0	0	0	0	0	0	0	n/a
Private ICF/MR	2,000	1,028	1,028	1,032	1,032	1,037	1,037	-48.2%
Other Residential	1,200	1,850	2,189	2,839	3,227	3,919	3,921	226.8%

Source: State of the States in Developmental Disabilities, 2001,
Coleman Institute for Cognitive Disabilities and Department of Psychiatry, University of Colorado

UNITED STATES



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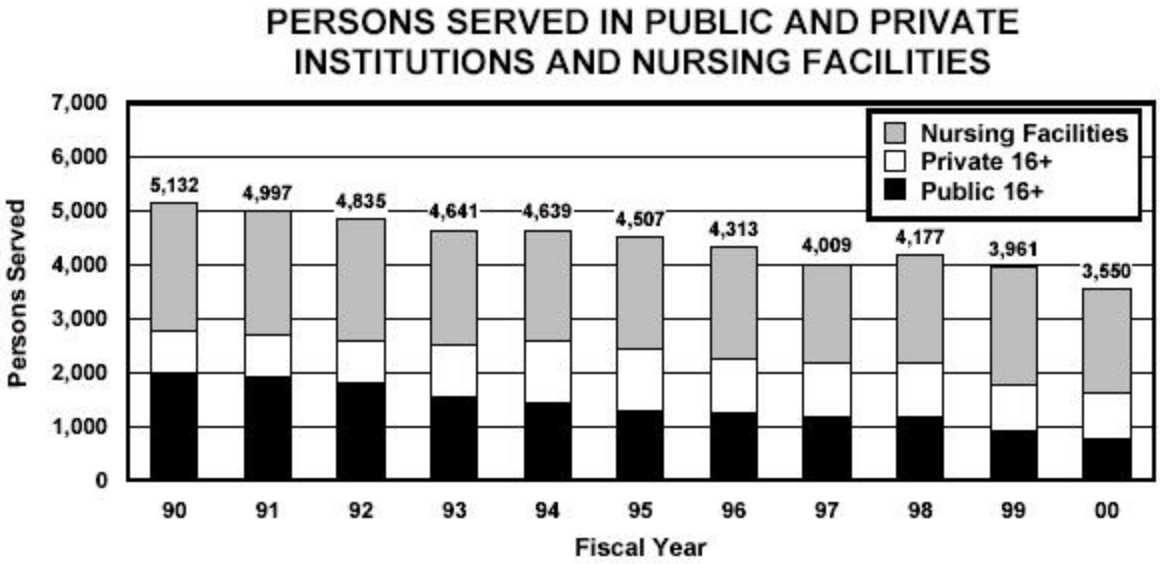


State	Fiscal Effort	Ranking
Rhode Island	$ 6.95	1
Maine	$ 6.53	2
New York	$ 5.99	3
North Dakota	$ 5.72	4
Vermont	$ 5.03	5
Minnesota	$ 5.03	6
D.C.	$ 4.61	7
Connecticut	$ 4.47	8
Wyoming	$ 4.25	9
West Virginia	$ 4.01	10
New Mexico	$ 3.98	11
Massachusetts	$ 3.81	12
Idaho	$ 3.81	13
South Dakota	$ 3.76	14
Kansas	$ 3.57	15
Oregon	$ 3.44	16
Alaska	$ 3.42	17
Ohio	$ 3.35	18
Oklahoma	$ 3.33	19
Montana	$ 3.32	20
New Hampshire	$ 3.30	21
Michigan	$ 3.29	22
Pennsylvania	$ 3.25	23
Wisconsin	$ 3.22	24
South Carolina	$ 3.16	25
Iowa	$ 3.07	26
North Carolina	$ 2.94	27
Louisiana	$ 2.82	28
Arizona	$ 2.76	29
Nebraska	$ 2.67	30
Missouri	$ 2.39	31
Arkansas	$ 2.31	32
California	$ 2.27	33
Indiana	**$ 2.24**	**34**
Utah	$ 2.23	35
Colorado	$ 2.22	36
Washington	$ 2.22	37
Maryland	$ 2.11	38
Tennessee	$ 1.99	39
Delaware	$ 1.99	40
New Jersey	$ 1.86	41
Illinois	$ 1.74	42
Texas	$ 1.73	43
Hawaii	$ 1.34	44
Virginia	$ 1.31	45
Alabama	$ 1.28	46
Mississippi	$ 1.24	47
Florida	$ 1.13	48
Kentucky	$ 1.07	49
Georgia	$ 1.06	50
Nevada	$ 0.72	51

Community Fiscal Effort and State Ranking, 2000

Note: Fiscal effort represents the proportion of total statewide personal income which is devoted to the financing of developmental disabilities community and Individual & Family Support services. Fiscal effort (Column 2) is expressed in $s per $1,000 of

Source: Braddock, Hemp, Rizzolo, Parish & Pomeranz. (2002). The State of the States in Developmental Disabilities: 2002 Study Summary. Boulder, CO: The Coleman Institute for Cognitive Disabilities and Department of Psychiatry.

HCBS Waiver Federal/State Spending as a % of Total Mental Retardation/Developmental Disability Spending, 2000

	Rank (by waiver spending as % of total MR/DD spending)	State	Fed/State Waiver Funding	Number of Participants	Waiver Cost Per Participant	Waiver % of Total MR/DD Spending
	1	Vermont	$ 63,714,498	1,719	$37,065	80%
	2	New Hampshire	$ 99,742,724	2,638	$37,810	76%
	3	New Mexico	$ 110,293,519	2,160	$51,062	70%
	4	Rhode Island	$ 145,595,178	2,471	$58,922	68%
	5	Colorado	$ 203,772,399	5,799	$35,139	64%
	6	Arizona	$ 227,104,692	10,816	$20,998	62%
	7	Wyoming	$ 44,191,916	1,226	$36,046	60%
	8	Maine	$ 127,940,702	1,840	$69,533	59%
	9	South Dakota	$ 50,126,302	1,988	$25,214	57%
	10	Kansas	$ 169,359,274	5,500	$30,793	54%
	11	Oregon	$ 188,974,566	5,858	$32,259	53%
	12	West Virginia	$ 85,143,110	1,910	$44,578	53%
	13	Minnesota	$ 434,629,020	7,689	$56,526	53%
	14	Hawaii	$ 22,952,448	1,089	$21,077	50%
	15	Alaska	$ 31,112,865	681	$45,687	50%
	16	Nebraska	$ 84,264,420	2,320	$36,321	49%
	17	Alabama	$ 96,099,599	4,337	$22,158	48%
	18	Michigan	$ 468,386,750	8,300	$56,432	47%
	19	Maryland	$ 190,040,934	4,982	$38,146	44%
	20	Utah	$ 73,724,680	3,147	$23,427	44%
	21	Connecticut	$ 349,256,916	4,783	$73,020	44%
	22	Massachusetts	$ 465,896,852	11,360	$41,012	43%
	23	Oklahoma	$ 154,586,108	3,276	$47,187	43%
	24	Wisconsin	$ 292,877,847	8,865	$33,038	42%
	25	Pennsylvania	$ 660,766,466	15,943	$41,446	42%
	26	Montana	$ 33,564,652	1,276	$26,305	41%
	27	Tennessee	$ 188,112,207	4,318	$43,565	40%
	28	New York	$ 1,697,262,148	38,696	$43,861	40%
	29	Delaware	$ 31,502,716	489	$64,423	36%
	30	North Dakota	$ 39,537,856	1,923	$20,561	36%
	31	Missouri	$ 184,892,127	7,775	$23,780	35%
	32	Washington	$ 189,515,894	10,530	$17,998	35%
	33	Florida	$ 239,004,632	20,442	$11,692	33%
	34	Kentucky	$ 60,418,737	1,200	$50,349	32%
	35	Virginia	$ 144,459,211	4,698	$30,749	31%
	36	New Jersey	$ 296,254,000	6,894	$42,973	31%
	37	South Carolina	$ 113,050,202	4,489	$25,184	28%
	38	Georgia	$ 100,768,711	3,612	$27,898	26%
	39	Nevada	$ 13,150,358	950	$13,842	22%
	40	Iowa	$ 83,874,760	4,591	$18,269	21%
	41	North Carolina	$ 181,783,394	5,735	$31,697	21%
	42	Louisiana	$ 95,425,105	3,450	$27,659	19%
	43	California	$ 550,325,374	28,233	$19,492	18%
*	**44**	**Indiana**	**$ 77,731,833**	**2,069**	**$37,570**	**17%**
	45	Texas	$ 236,768,125	5,140	$46,064	16%
	46	Arkansas	$ 32,361,114	2,012	$16,084	13%
	47	Illinois	$ 148,731,384	7,400	$20,099	13%
	48	Ohio	$ 182,120,027	5,593	$32,562	12%
	49	Idaho	$ 14,883,847	653	$22,793	11%
	50	Mississippi	$ 4,421,843	848	$5,214	2%
		United States	**$ 9,780,474,043**	**293,713**	**$33,299**	**33%**

6. **Education**

Education is an important component of achieving and maintaining independence. In Indiana, 82% of the population age 25 or older has achieved at least a high school education. This can be compared to the national average of 80%.[xxii]

According to the National Organization on Disabilities, 22% of Americans with disabilities fail to complete high school as compared to only 9% of students without a disability. It is also less likely for persons with disabilities to have graduated from college than their non-disabled counterparts. (12% versus 23%).

The degree of disability has a significant impact on educational achievement. Those with slight disabilities are more likely to complete high school (83%) and college (16%) than people with very severe disabilities (67% high school graduate; 9% college graduate), though they are still less likely to be high school and college graduates than people without disabilities (90% high school graduate; 23% college graduate).

Over the past 14 years, the educational gap has narrowed considerably between people with and without disabilities by 24 % in 1986 to 13% today. In 1986, almost 4 out of 10 people with disabilities (39%) failed to complete high school. Today, approximately 2 out of 10 people with disabilities (22%) have not completed high school.

The opposite is true when it comes to graduating from college. Since 1998, there appears to have been a decline from 30% to 26% among people with disabilities who have completed some college, and an even sharper decline from 19% to 12% for people with disabilities who graduated from college**.** [xvii]

SECTION III: DOORS TO SERVICES

This section of the Data Book is designed to illustrate how individuals access services in Indiana. The intent is to highlight the process of accessing services for the elderly, mentally ill, disabled, and/or children dependent on public services to access care.

1. *Division of Family and Children County Offices*

The Local Office of the Division of Family and Children (DFC) is where applications are taken and submitted for assistance with the following services:

- TANF
- Food Stamps
- Medicaid
- SSI eligibility determination
- Hoosier Healthwise (Medicaid programs for children)
- IMPACT
- Child Support Services
- Family Protection and Preservation

There is an Office of Family and Children in all 92 Indiana Counties that administers Public Assistance Programs and Family Protection and Preservation Programs. A local office is available in the county seat and in various neighborhoods/townships when applying for benefits in larger communities. The application process originates in the local office. Once an application is filed with the local office, a caseworker is assigned and an appointment is set. The caseworker determines service need and financial eligibility based upon the information gathered in the application process. This process can be lengthy and may require more than one visit to the local office. The process can be particularly burdensome to one with limited mobility or lack of transportation. Locations of Family and Children local offices can be accessed at http://www.in.gov/fssa/children/dfc/directory/index.html or by phone at 317-232-4704.

2. *Area Agencies On Aging*

Applications for the following services are made at one of Indiana's Area Agencies on Aging:

- Developmental Disability Waiver;
- Support Services Waiver;
- Title V: Senior Employment;
- Pre-Admission Screening;
- Congregate Meals;
- CHOICE

Indiana's Area Agencies on Aging provide case management and information and referral to various services for persons who are aging or developmentally disabled. They can also assist the elderly client interested in employment or assistance with activities, parents of a child with a disability, or a community member suspecting abuse and neglect of a dependent adult.

They also serve as the single point of entry for the IN-Home Services Program. There are 16 AAA agencies throughout the state. One can determine the nearest location by reviewing the list at http://www.state.in.us/fssa/elderly/aaa/index.html, or by telephone at 1-800-986-3505.

3. ***Community Mental Health Centers (CMHCs)***

Applications for the following services are made at one of Indiana's Comprehensive Mental Health Centers:

- Medicaid Rehabilitation Option (MRO)
- Inpatient Services
- Residential Services
- Partial Hospitalization Services
- Outpatient Services
- Operate 72-hour Crisis Service
- Consultation-Education Services
- Community Support Program

Community Mental Health Centers (CMHCs) are providers of mental health services that operate on behalf of the Family and Social Services Administration Division of Mental Health and Addictions. There are thirty comprehensive mental health centers located throughout the state. http://www.in.gov/fssa/servicemental/faq/2cchild&adoles.html is the web address or one may call 1-800-901-1133 to find the nearest location.

4. ***Vocational Rehabilitation Offices***

Applications for these services can be made at one of Indiana's Vocational Rehabilitation Offices:

- Vocational Rehabilitation Services (VRS)
- Supported Employment (SE)
- Independent Living (IL) Services
- Assistive Technology through Awareness in Indiana (ATTAIN)

The Bureau of Vocational Rehabilitation provides quality, individualized services to enhance and support people with disabilities to prepare for, obtain or retain employment. Through active participation in their rehabilitation, people with disabilities can achieve a greater level of independence in both their work place and living environments.

Persons eligible for vocational rehabilitation services may include: persons who have a physical or mental impairment; persons whose impairment constitutes or results in a substantial impediment to employment; persons who can benefit in terms of an employment outcome from the provision of vocational rehabilitation services; and persons who require services to help prepare for gainful employment.

There are twenty-five area vocational rehabilitation offices divided into five regions. A complete list of offices is available at http://www.in.gov/fssa/servicedisabl/vr/offices.html or by calling 317-232-7000.

5. ***State-Wide Network of Rehabilitation Facilities Working in Conjunction with The Bureau of Developmental Disabilities***

Application for the following programs and related services are made at one of the local sites detailed below:

- Developmental Disability Day Services
- Autism Waiver
- Family Subsidy Program
- Case Management Services
- Diagnosis and Evaluations for Determine Status of Developmental Disability
- Traumatic Brain Injury Waiver
- Aged and Disabled Waiver
- Developmentally Delayed Waiver
- First Steps

The Bureau of Developmental Disabilities develops and administers a variety of services for people who have developmental disabilities. Services available for persons with disabilities are community-based residential alternatives to placement in state institutions and heath facilities. Programs support independent living in the least restrictive environment possible and are based on a person-centered planning process. Access is available through nine district agencies throughout the state. A complete list of offices is available at: http://www.in.gov/fssa/servicedisabl/field/index.html or by calling 1-800-545-7763.

SECTION IV: PROGRAMS

1. *Housing*

A. Indiana's Housing Choice Voucher Program (Section 8)

Section 8 provides very low-income households with rental assistance. There are currently 3,700 households receiving housing assistance through this program. Two-thirds of those households have an elderly or disabled family member. However, demand is especially high for this program and there are over 7,000 households on the pre-application list waiting for assistance.[xxiii] In federal fiscal year 2001, Indiana received $17.4 million dollars in funding for the Section 8 program from the US Department of Housing and Urban Development (HUD).

B. Section 8 Family Self-Sufficiency Program (FSS)

Indiana's Housing Choice Voucher Program and Family Self-Sufficiency (FSS) Program, administered by DFC's Housing and Community Services Section provides rental voucher assistance in conjunction with public and private-sector services and resources that can help residents of assisted housing achieve economic independence. Use of housing as a stabilizing force permits the families to invest their energy into other sustaining efforts including employment, education, and job training that are necessary to achieve self-sufficiency.

To be eligible, families must be current voucher holders. Participants in the FSS Program are provided with an opportunity to save for the future through the FSS Escrow Account. Increases in the family's contribution for rent, due to increases in earned income, are credited to an interest bearing escrow account. After the family successfully completes the program, the escrow balance can be withdrawn by the family to be used in any manner. Most FSS Program participants have used the escrow monies to continue working, buy an automobile, or make a down payment on a home.

To date there have been 35 graduates of the program. The average escrow check amounts has ranged between $3,500 and $4,500. In the last 12 months, the FSS Program has awarded a total of $59,134.96 to participants who have successfully completed the program. Participating Community Action Agencies, under contract with the Division of Family and Children manage the program throughout the entire year.

C. The Family Unification Program (FUP)

The program provides housing assistance vouchers to families with children at-risk of an out-of-home placement due to lack of adequate housing. HUD provides Indiana with funding for the program. There are 200 housing units available statewide under this program. Currently, all units are full.

D. The Mainstream Program

A joint DDARS and DFC initiative, the project is designed to provide rental assistance vouchers to enable any person with a disability, regardless of age to rent affordable private housing. The Program targets very low-income, disables families who are on the

Housing Choice Voucher waiting list of applicants. DDARS refers clients to the program, provides caseworker assistance to the eligible individuals in finding suitable housing, and provides on-going case management and support. Mainstream Program recipients may live in mobile homes, apartments, doubles, single homes, etc. However, the program does not provide assistance to live in congregate settings such as nursing homes or schools.[xxiv]

2. ***Transportation***

In CY2001, INDOT awarded more than $1.7 million in capital grants to over 60 counties and 83 non-profit social service agencies for vehicles and related equipment repair to ensure services for the elderly and disabled. It is estimated that these grants result in over 500,000 one-way trips (statewide) each year[xxv].

Although Medicaid-funded transportation services are provided only to persons receiving Medicaid for use when receiving a Medicaid-approved medical service, Indiana spent $32,171,000 on Medicaid transportation services in SFY 2002. Even though these expenditures appear significant compared to other Indiana transportation programs, Medicaid transportation expenditures represent less than 1% of total Medicaid expenditures. xxxi

3. ***Vocational Services***

A. Vocational Rehabilitation Services (VRS)

Vocational Rehabilitation Services (VRS) is a State-Federal partnership program first established in 1920. The purpose of VRS is to assist eligible individuals with disabilities in achieving employment and independence. A major focus of the VRS program is to enable individual customers to have primary input into their own rehabilitation programs.

Eligibility for VRS is based on federal requirements. A person is eligible if he or she has a physical or mental impairment which is a substantial impediment to employment *and* he or she needs vocational rehabilitation services in order to enter, prepare for, engage in, or retain employment.

In SFY 1999, 4,351 Indiana residents were placed in employment through FSSA's Vocational Rehabilitation program, up from 3,641 in FY 1995.[xxvi]

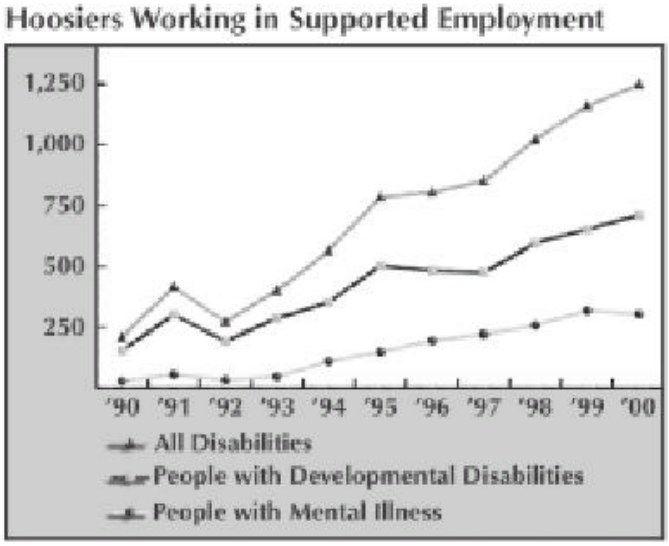
B. Supported Employment

Individuals with the most severe disabilities are placed in competitive jobs with qualified job coaches/trainers to provide individualized, ongoing support services needed for each individual to retain employment. The employer is contacted monthly and the employee is visited twice monthly to address any issues that may threaten the individual's ability to remain on the job.

DMHA provides the Office of Vocational Rehabilitation with funds to enable them to build supported employment programs. Currently, more than 26 community mental health centers offer supported employment programs throughout the state, a dramatic increase

from the single CMHC offering such services in 1990. There are more than 700 people with Mental Illness in supported employment in Indiana at a cost of $1.1 million.

Since 1999, an average of 772 individuals have been enrolled in supported employment programs each year.[xxvii] Researchers at Ball State University have been collecting data from supported employment programs throughout Indiana. Research shows that about 55 percent of those who enter a supported employment program will secure employment.[xxviii]

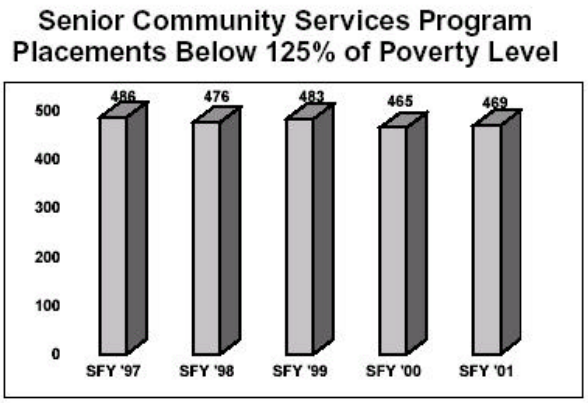


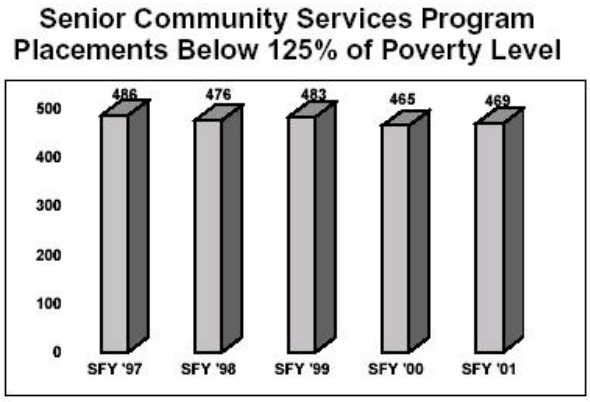
C. Senior Employment Program

The Older Americans Act of 1965, as amended, authorized the establishment of the Title V Community Service Employment Program. This program is commonly referred to as the Title V Senior Employment Program. The purpose of the Title V Senior Employment Program is to provide meaningful part-time work opportunities in community service for those 125% or below the federal poverty level and are 55 years of age or older with poor employment prospects (as defined under 42 U.S.C. 1397). The desired outcome of this program is to provide meaningful employment and training to low-income persons aged 55 years or older and who have poor employment prospects. Initially, the U.S. Department of Labor subsidizes wages.

In SFY 2001, the Title V Senior Employment Program served 469 Hoosiers. The majority of individuals served were women between 60 and 74 years of age. The U.S. Department of Labor has established a goal of placing 20% of the Title V clients in unsubsidized employment. Indiana exceeded this goal by placing 21.2% of the clients in unsubsidized employment.

The Title V program is funded primarily through the U.S. Department of Labor. Federal funds equaling $2,074,714 were expended in SFY 2001 and matched with $340,625 in state and local funding. In addition, administrative expenses were $68,979, matched with 90% federal dollars.





D. Impact

The Indiana Manpower and Comprehensive Training (IMPACT) Program provides services designed to help Food Stamp and TANF beneficiaries achieve economic self-sufficiency through education, training, job search, and job placement activities.

The IMPACT program assists participants in meeting these goals through an approach that emphasizes job placement and job retention complemented by education and training activities. The participant's movement toward the goal is assisted by IMPACT case management, which coordinates an array of services, including education, training, job search, job placement, and social services offered by the Indiana Family and Social Services Administration through the Division of Family and Children and local providers.

IMPACT is Indiana's Welfare-to-Work program – a critical component of Indiana's welfare reform initiatives – which places an increasing emphasis on "work first." "Work first" means that individuals are expected to accept a job which can be secured with their existing education and skills.

Waivers from the U.S. Department of Health and Human Services and the U.S. Department of Agriculture provide "work pays" incentives to assist clients. Financial barriers to moving toward self-sufficiency have been reduced by Indiana's welfare reform initiatives. As an important link in the welfare reform program, IMPACT places and increasing priority on participants, retention, and wage gain with a "work first" focus along with a holistic approach to the whole family.

IMPACT is much more than a job training program, however, in that it seeks to address a broad range of barriers that clients may have in locating and maintaining employment.

From the time an individual applies for assistance, employment services are available and individuals are asked to begin their job search. For those not able to find a job right away, additional activities are provided. An assessment of the client's strengths and needs is completed and a case manager works with the client to develop an individualized plan for employment. The plan outlines the steps which will be taken for the client to become self-sufficient.

In addition to job search, the activities could include job readiness activities or an unpaid work experience at an agency. In addition to a work activity, appropriate vocational training or basic education classes might be included on the employment plan. The plan also includes supportive services such as transportation and child care.

To assist in this endeavor, the program has increased the provider contracts for job search, job readiness, job development, job placement and retention as well as providing services to the whole family and outreach to the faith-based community as service providers. Indiana was selected by the National Governor's Association as one of seven states selected to pilot workforce innovations for the incumbent worker in partnership with the Indiana Department of Workforce Development and the Indiana Economic Development Council.

State Fiscal Year	Job Placements
1993	3,982
1994	4,665
1995	9,483
1996	19,906
1997	27,349
1998	33,500
1999	25,382
2000	23,216

E. Temporary Assistance to Needy Families (TANF)

TANF is a program that provides cash assistance and social services to assist the family, helping them achieve economic self-sufficiency.

Although the TANF Block Grant provides the funding for varied social services and benefits to low-income families, the primary program funded by the block is the cash assistance program.

Indiana's cash assistance program is part of the State's Welfare Reform Demonstration Project. This demonstration includes the employment and training services provided to those families receiving cash assistance. Those assigned to the demonstration treatment group are required to cooperate with policies which address personal responsibility, child immunization and school attendance, maintenance of a safe and secure home, prohibition of substance abuse, and a 24-month time limit on cash assistance for those who are required to participate in employment activities. Additional provisions include more stringent penalties and employment incentives than the traditional AFDC Program. Those assigned to the control group are subject to the conditions of the former AFDC Program.

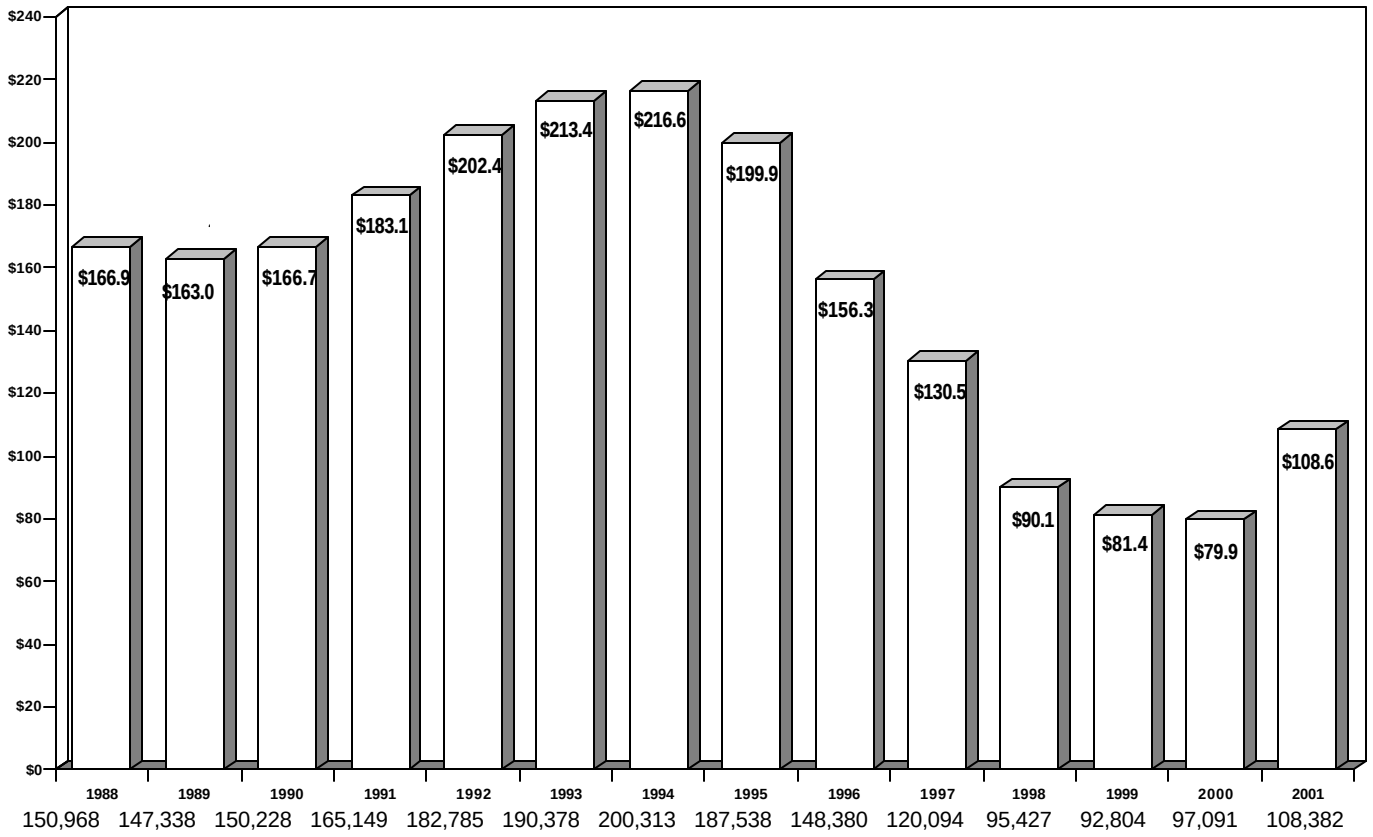
TANF beneficiaries include families with children under the age of 18, that are deprived of financial support from a parent by reason of death, absence from the home, unemployment, or physical or mental incapacity. Assets are both liquid and non-liquid. Therefore, an applicant may not have assets valued in excess of $1,000 at the time of application. Subsequent to application, the Treatment Group has an asset limit of $1500. In addition, individual members must provide their Social Security numbers and meet state residency and citizenship/alien requirements. Individual family members who do not meet

exemption criteria must register for Indiana's Manpower Placement and Comprehensive Training (IMPACT) program, as well as cooperate with the Child Support Enforcement Program.

Temporary Assistance For Needy Families
Total TANF Regular Expenditures For
State Fiscal Years 1988 - 2001

Millions Of Dollars

Monthly Average Recipients (excluding zero grants)



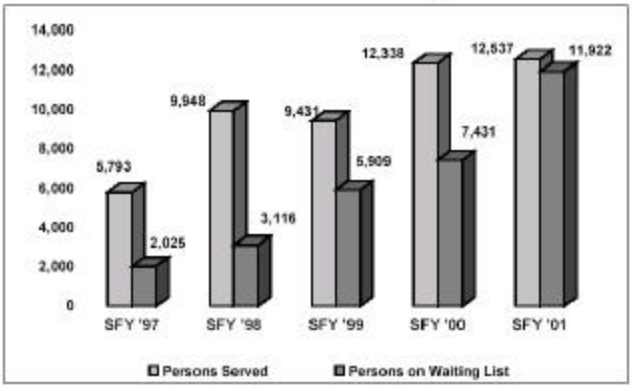
4. ***Community and Personal Assistance Support Services***

A. The Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program

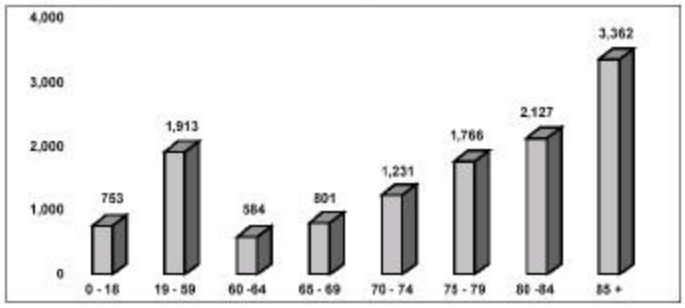
The CHOICE Program was established during the 1987 legislative session through House Enrolled Act (HEA) 1094 and began as a pilot program in Knox, Daviess, and Tippecanoe counties in 1988. The program went through several expansions that resulted in services being extended to all of Indiana's 92 counties by 1992. The program is available to person age 60 years of age and older, or of any age with a disability and unable to perform two or more activities of daily living as determined by an assessment

using the Long Term Care Services Eligibility Screen. In SFY2001, the CHOICE program served 12,537 persons at a cost of $38.8M. This translates to roughly $3,092.00/person. Despite serving more than 12,000 persons, more than 7,000 remain on the waiting list.

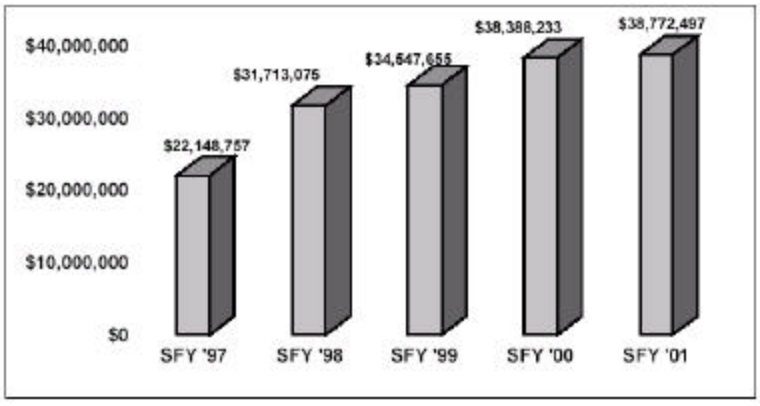
Persons Served by Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) vs. Persons on Waiting List



Ages of Persons Served by CHOICE in SFY 01

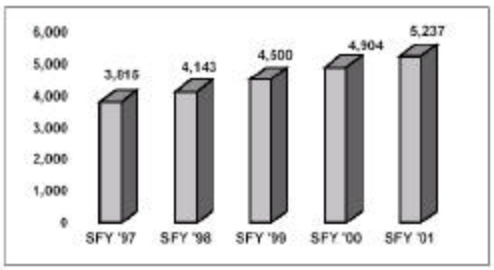


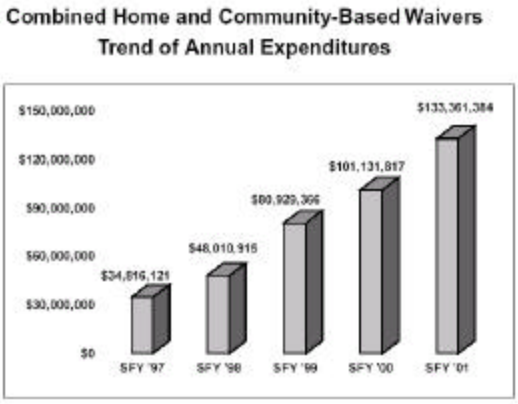
CHOICE - Trend of Annual Expenditures



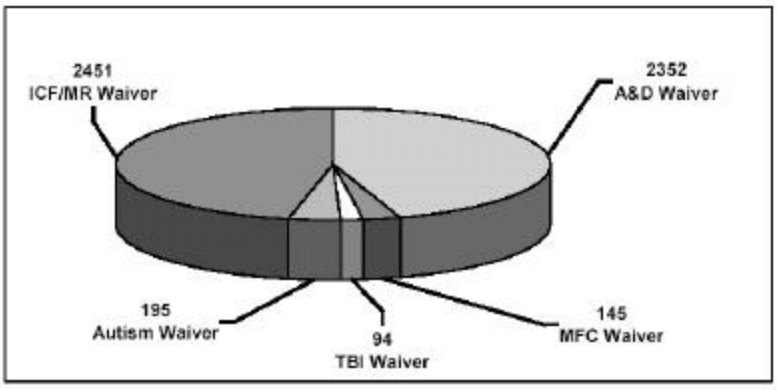
B. Waivers

Medicaid waivers allow Indiana to provide a variety of in-home and community-based services to individuals who would otherwise require the level of care provided in an institutional setting. These five Medicaid Waivers served a combined total of 5,237 individuals in SFY 2001 at a cost of $133.3 million.

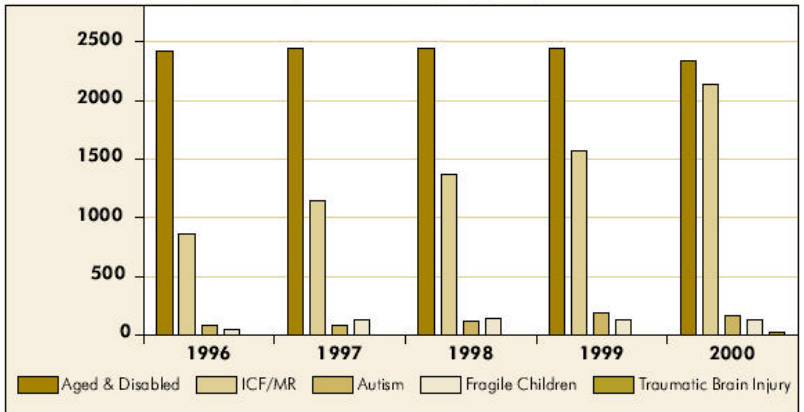




By 2001, there were five Medicaid Waivers administered by DDARS allocated as such:



Waiver Recipients by Category [Figure 9]



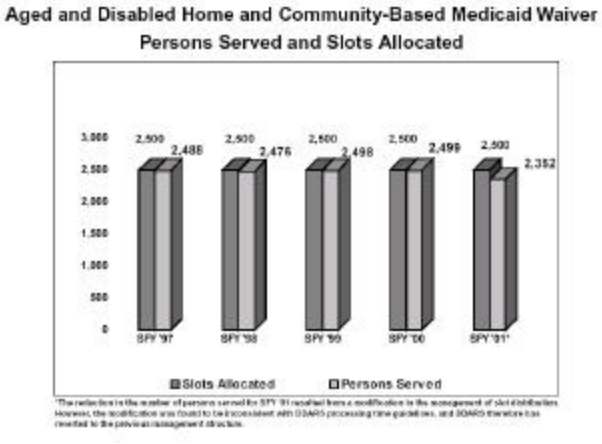
Category	1996	1997	1998	1999	2000
Aged & Disabled	2,422	2,448	2,445	2,447	2,343
ICF/MR	859	1,150	1,375	1,572	2,137
Autism	82	88	120	184	169
Fragile Children	50	129	138	134	134
Traumatic Brain Injury	-	-	-	-	28
Total	3,413	3,815	4,078	4,337	4,811

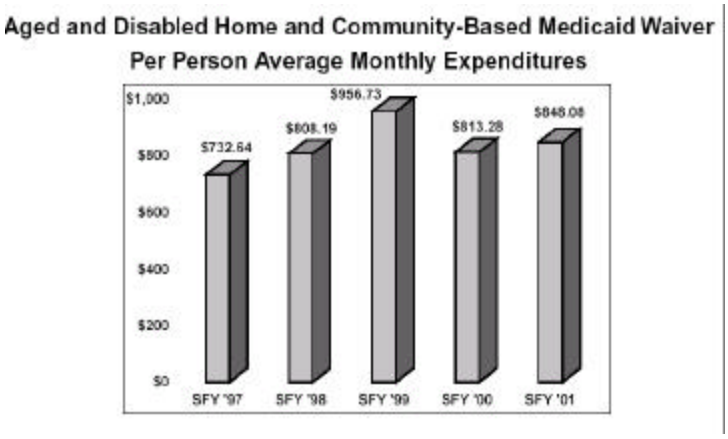
Waiver waiting lists at end of year SFY 2002
(www.in.gov/fssa/qtrreports.html)

Waiver Program	Waiting List as of 6/1/02
Aged and Disabled Waiver	2339
Autism Waiver	316
Developmental Disabilities Waiver	3473
Medically Fragile Children Waiver	222
Traumatic Brain Injury Waiver	80

i. Aged and Disabled Waiver

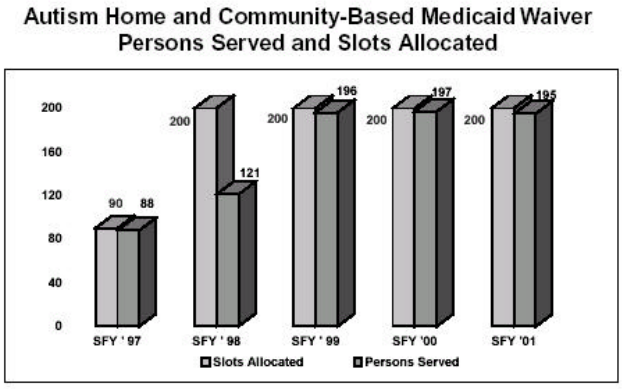
This waiver serves individuals who meet the Medicaid guidelines and either 65 years of age or have disabilities. Individuals served by this waiver must meet level of care standards of a skilled or intermediate nursing facility.

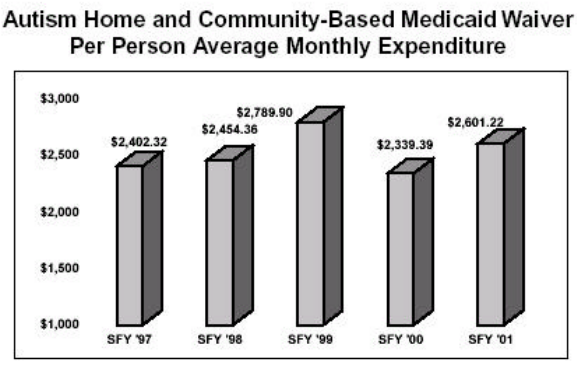




ii. Autism Waiver

The autism waiver serves individuals with a diagnosis of autism who meet an intermediate care facility for mental retardation level of care.

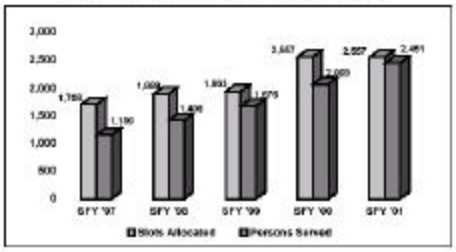




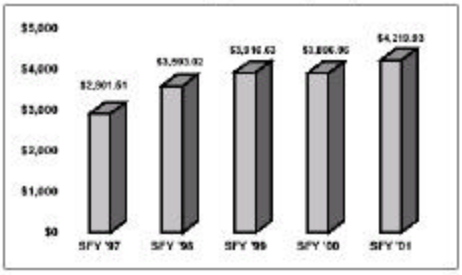
iii. Intermediate Care Facility for Mental Retardation (ICF/MR) Waiver

Serves individuals with developmental disabilities/mental retardation and other related conditions who meet intermediate facility for mental retardation level of care.

ICF/MR Home and Community-Based Medicaid Waiver
Persons Served and Slots Allocated



ICF/MR Home and Community Based Medicaid Waiver
Per Person Average Monthly Expenditures



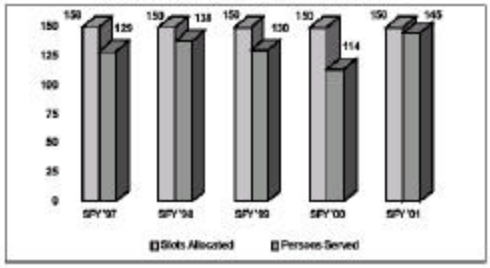
SFY 2000 Medicaid Payments for ICF/MR [Table 9]

	Number of Unduplicated Residents	Total Payments	Annual Cost Per Resident
Group Home ICF/MR	4,176	$199,873,533	$47,862
Large Private ICF/MR	1,064	$36,995,193	$34,770
State ICF/MR	523	$52,350,946	$100,097

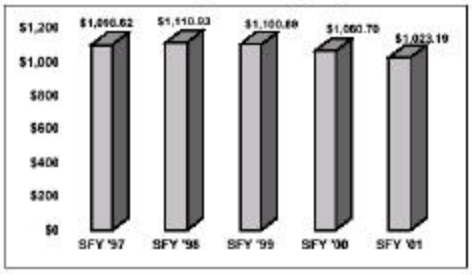
iv. *Medically Fragile Children Waiver*

This waiver serves children under 18 years of age who are in need of significant medical services, including those who are technologically dependent. Beneficiaries of these services meet either skilled nursing facility level of care or hospital level of care.

Medically Fragile Children Home and Community-Based Medicaid Waiver
Persons Served and Slots Allocated

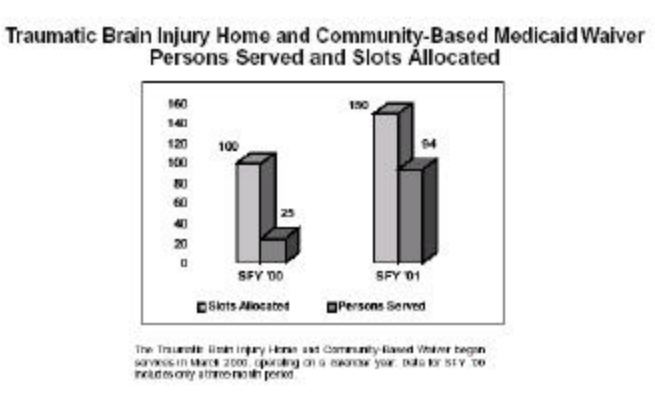


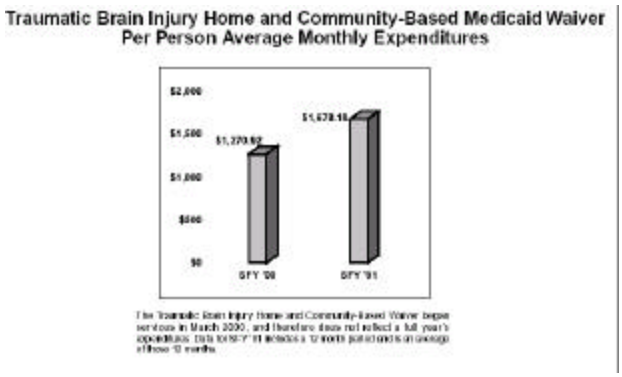
Medically Fragile Children Home and Community-Based Medicaid Waiver
Per Person Average Monthly Expenditures



v. Traumatic Brain Injury Waiver (TBI)

The TBI waiver serves persons who have suffered injuries to the brain including closed or open head injuries. Services under this waiver were implemented in March 2000.

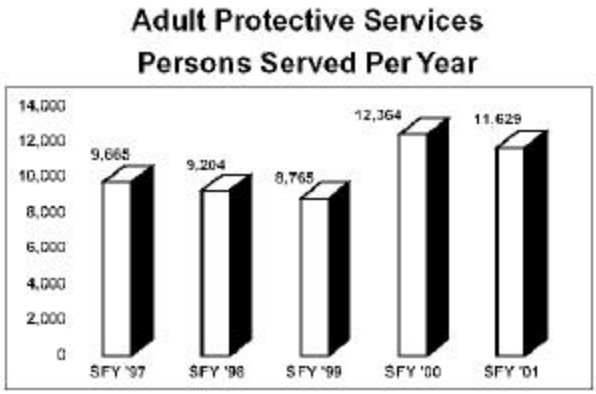


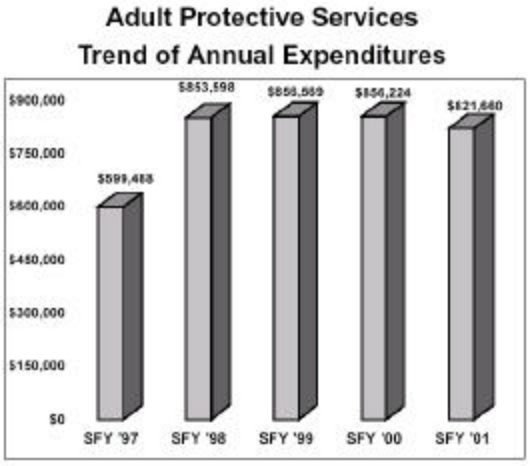


B. Adult Protective Services

The purpose of the Adult Protective Services Program is to provide protection to adults who are endangered by abuse, neglect, or exploitation. The law defines "endangered adults" as individuals at least 18 years of age, incapable of caring for themselves, and being abused, neglected, or exploited.

Adult Protective Services served 11,629 Hoosiers in State Fiscal Year 2001. Program expenditures for that period were $821,660.

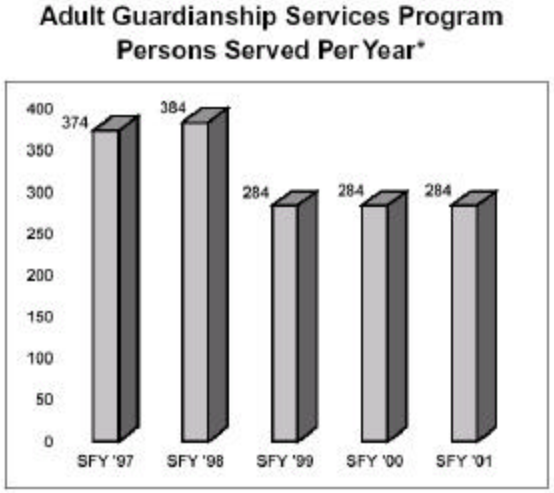


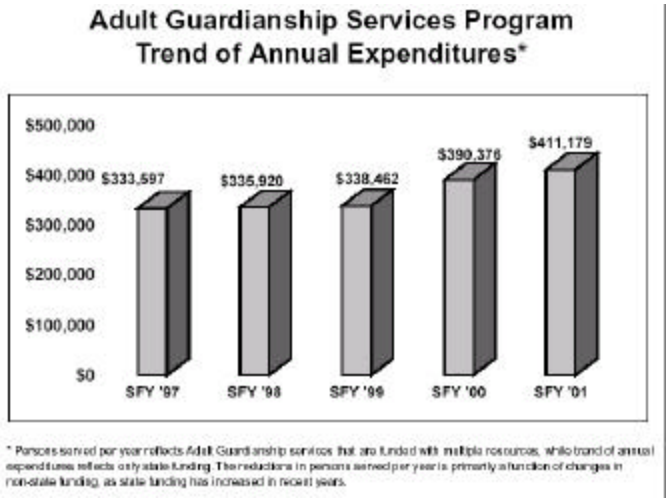


C. The Adult Guardianship (AGS) Program

This program was established to provide full guardianships, limited guardianships, and less restrictive alternative services to indigent, incapacitated, adults who are unable to care for themselves and/or manage their own affairs without assistance, or who have a

developmental disability. The AGS Program served 284 individuals in SFY 2001. Total expenditures for that period were $335,920.





D. Child Welfare Rehabilitation Option (CWRO)

The Child Welfare Rehabilitation Option is a new Medicaid waiver option that will provide clinical mental health services to individuals living in the community or in Residential Treatment Facilities who need aid intermittently or on a twenty-four hour a day basis for emotional disturbances or mental illness. Medicaid reimbursement will be available to current DFC licensed facilities and licensed child-placing agencies (LCPA). Indiana is requesting this option in order to leverage federal dollars. Currently, the costs of these services are being paid with 100% county funds. This waiver should be available sometime in CY 2003.

E. Child Support

The Bureau of Child Support assists Hoosier families and children by enforcing parental responsibility through collection of payments by non-custodial parents. The child support program provides a full range of child support services, including establishment of paternity, establishment and enforcement of child support orders, collection and distribution of child support payments, and location of absent parents.

Every child has the right to the care and support of both parents, regardless of whether or not the parents are married or both in the home. The child support program enforces this right. Child support services are offered through County Prosecutors Offices (one in each of the 92 Indiana counties.)

These services include:

- Locating absent parents
- Establishing paternity
- Establishing and enforcing support orders
- Establishing and enforcing medical support orders
- Collecting current and past due support payments
- Review and adjustment of current support orders

F. Food Stamps

Indiana's Food Stamp Program is designed to raise the nutritional level of low-income households by supplementing their available food purchasing dollars with food stamp benefits. Information regarding nutrition and budgeting is available to participants to assist in choosing a nutritionally sound diet with limited income. Program participants are entitled to use their food stamp benefits at the retailer of their choice and choose foods based on their own preferences. However, retailers must be federally approved to accept food stamp benefits. Non-food items may not be legally purchased with food stamp benefits.

The Food Stamp Program is administered through each state but benefits are funded solely by federal funds. Federal regulations which govern implementation of the program are developed by the United States Department of Agriculture, Food and Nutrition Services section pursuant to federal legislation. In Indiana, the Family and Social Services Administration is responsible for ensuring that these federal regulations are initially implemented and consistently applied in each county.

The local Office of the Division of Family and Children in each of the ninety-two Indiana counties has the responsibility for processing applications, certifying eligible applicants for participation, and issuing benefits.

In order to qualify for food stamp benefits, applicants/participants must meet both non-financial and financial requirements. Non-financial requirements include state residency, citizenship/alien status, work registration, and cooperation with the IMPACT Program. The financial criteria are income and asset limits. If an applicant is eligible based on the federally established financial and non-financial requirements, the allotment of food stamp benefits they receive is based on household size and net monthly income after all allowable deductions are subtracted.

The asset/resource limits are $2,000 per household except for households containing a member age 60 or older; then the limit is $3,000. Assets include bank accounts, cash, real estate, personal property, vehicles, etc. The household's home and surrounding lot, household good and personal belongings and life insurance policies are not counted as assets in the Food Stamp Program. All vehicles used for transportation were exempt effective March 1, 2002.

All households must pass a gross income test of 130 percent of the federal poverty level to qualify for benefits with the exception of those with elderly or disabled members. The gross income is determined by household size and based on the gross monthly income received by all household members.

Totals – Persons 331,206; Total dollars 297,964,712 (SFY 2001.)

G. Family Protection and Preservation

FSSA's Bureau of Family Protection and Preservation (BFPP) and The Division of Family and Children local officers serve children in the state who are at risk of abuse or neglect. The BFPP administers programs that provide child welfare and family services, child abuse prevention services, foster care, adoption, independent living, residential licensing and youth services. The BFPP provides child protection services to protect Indiana's children from further abuse or neglect and prevents, remedies, or assists in solving problems that may result in neglect, abuse, exploitation, or delinquency of children.

The Family Preservation Program carries out the Division's goal to prevent unnecessary separation of children from their families by identifying family problems while assisting families in resolving them.

The program also seeks to return children who have been removed from their homes to their families through the provision of services to the child and family problems while assisting families in resolving them.

The program also seeks to return children who have been removed from their homes to their families through the provision of services to the child and family when a court finds that reunification is in a child's best interest.

The Family Preservation Program provides services to prevent out-of-home placement or to reunify children and their families in cases of substantiated reports of child abuse or neglect. Program services offered to families include education, counseling, visitation, sexual abuse treatment, parent aides, homemaker services, and home-based family services.

Statistics show that approximately 12,500 children and their families are separated at any given time. The State of Indiana has developed a five-year plan for family preservation and support services with the help of local Step Ahead councils and local service needs assessments. Federal Title IVB Part II monies fund the five-year plan.

Children in Need of Services (CHINS) By Type of Placement

	Total CHINS	Foster Homes	Residential Care	Adoptive Homes	Own Home	Relative Home	Other
March 2003	10,793	4,320	1,391	0	2,968	909	1,205
March 2002	9,981	4,109	1,315	12	2,594	850	1,101
% Incr (Decr)	8.1	5.1	5.7	(100)	14.4	6.9	3.4

CY 2002 Identified CHINS Costs

(Family & Children Fund)

Foster Homes Relative	4,239,002

Foster Homes Non Relative	24,820,858
Therapeutic Foster Homes	42,488,278
Residential Facilities	101,635,371
Independent Living	367,603
Preservation Services	15,901,499
Misc. Cost	6,174,904
Total CHINS	**195,627,515**

Family preservation expenditures largely reflect the cost of home and community-based services to children and their families who are under the supervision of the local office of family and children (court) and have been placed in their own homes. However, some of these costs are spent on home and community-based services to families of children who have not yet been returned home. The purpose of these services is to prepare the family for the return of the child.

As reflected in the table above, the cost of care for children in out-of-home placement is much greater than the cost of providing care to children at home. For example, in March 2002, nearly twice as many Children in Need of Services (CHINS) were being served in their own homes compared to being served in residential facilities. The annual cost for residential facilities care in 2002 was more than six times greater than that of preservation services.

Family preservation expenditures largely reflect the cost of home and community-based services to children and their families who are under the supervision of the local office of family and children (court) and have been placed in their own homes. However, some of these costs are spent on home and community-based services to families of children who have not yet been returned home. The purpose of these services is to prepare the family for the return of the child.

Child Welfare Expenditures, 2000 (Actual) to 2003 (Budgeted)

	2000	2001	2002	2003
Community Based				**Division**
Family & Children Fund - Cal. Year	**Actual**	**Actual**	**Final**	**Approved**
Foster Homes	34,617,916	32,222,819	37,579,584	35,575,384
Therapeutic Foster Homes	40,090,952	42,304,579	46,998,682	48,279,729
Independent Living	388,420	438,367	919,010	1,085,027
Preservation Services	34,886,060	38,283,145	42,480,974	42,879,185
MRO	783,373	1,060,782	2,088,999	2,248,177
Adoption Services	36,531,177	45,597,986	51,257,395	59,407,342
Child Welfare Services (CWS)	6,322,682	6,597,595	9,266,490	8,923,470
Destitute Children	20,063	11,696	Included in CWS	Included in CWS
Contracted with the State - FFY	**Actual**	**Actual**	**Actual**	**Budgeted**
IV-E, Independent Living	928,348	573,364	1,438,383	2,088,263 *
IV-B, Part I (Services Only)	$6,479,168	5,837,145	5,439,221	8,977,352 *
IV-B, Part II	3,449,171	3,410,345	2,674,202	7,819,282 *
Institutional Placements				**Division**
Family & Children Fund - Cal. Year	**Actual**	**Actual**	**Final**	**Approved**
Wards in Institutions	160,076,123	154,590,406	163,255,134	186,082,668
Prevention	**Actual**	**Actual**	**Actual**	**Budget**
Healthy Families	27,563,895	35,841,092	41,132,458	40,855,489
First Steps	31,428,952	54,078,028	58,930,670	63,729,758

* These budgeted amounts include prior-year carry forward.

H. First Steps Program

The First Steps Early Intervention System is Indiana's response to Part C of the Individuals with Disabilities Education Act. First Steps' broad definition of children with special needs, the exclusion of family income as consideration for eligibility, emphasis on family-focused intervention and efforts to provide services in the child's natural environment combine to create a successful program whose population consists of those most in need of early intervention.

First Steps is based in each of Indiana's 92 counties and is implemented by a Local Planning Coordination Council in each of them. In SFY 2001, 16,272 infants and toddlers received services through the First Steps System. The estimated number of First Steps population is 18,000 children.

The program is available to children from birth to three years old who:

- Are experiencing developmental delay;
- Have a diagnosed condition that has a high probability of resulting in a developmental delay; and/or
- Are at risk of having substantial developmental delay as a result of biological risk factors if early intervention services are not provided.

Services available include the following:

- Speech therapy
- Occupational therapy
- Physical Therapy
- Developmental Therapy
- Social Work
- Psychological service
- Nutrition
- Health
- Nursing
- Medical Diagnostics
- Audiology
- Vision Services
- Assistive Technology
- Service Coordination
- Transportation
- Family Training
- Counseling

SFY 2002 First Steps expenditures from all funding sources:

First Steps Early Intervention Services (Part C Grant 2001)	$7,830,010
Early Intervention (other sources)	$52,809,390

I. Healthy Families

Healthy Families Indiana is a primary prevention program. It is a voluntary home visiting program for new parents as well as strategy for strengthening families and promoting healthy child outcomes. A variety of services are provided including child development, access to health care and parent education. By working closely with hospital maternity wards, prenatal clinics, and other local agencies, the program systematically identifies, either before or immediately after birth, families who would benefit from education and support services and offer them home visitor services. In partnership with Healthy Families America, the national home visitation model, Healthy Families Indiana was launched in 1994. Prevent Child Abuse America and Healthy Families America credentialed Healthy Families Indiana as a multi-site system on September 25, 2001.

Indiana has the first Healthy Families program in the nation to support a state system with blended federal funds through the establishment of a Healthy Families Fund.

Indiana is also the first state to establish formal linkages with the U.S. Justice Department.

At the state level, four revenue sources contribute to the overall funding: Children's Trust Fund, Indiana Criminal Justice Institute, FSSA Division of Mental Health and Addictions, and TANF funding through the FSSA Division of Family and Children.

The program is designed to strengthen families by reducing the incidence and possibility of child abuse and neglect, childhood health problems and juvenile delinquency. The goals of Healthy Families Indiana are to systematically identify overburdened families; promote healthy family functioning by teaching problem solving skills; reduce family stress; improve family support systems; promote positive parent/child interaction; promote health childhood development; prevent child abuse and neglect; and promote self sufficiency by linking families to existing community resources.

Healthy Families Indiana provides screening and assessment of families in targeted areas throughout the state. Service entry points include WIC programs, health clinics and local hospitals. Parents are screened using a validated, standardized instrument, and the Maternal Record Screen. Positive screens do not assess the risk of child abuse and neglect but do indicate a need to conduct a more in-depth discussion with the family.

Families with positive screens are then assessed using a standard validated instrument, the Kempe Family Stress Checklist which is scored using a standardized rating scale. Families with a score of 25 or higher are offered the opportunity to participate in a voluntary home visiting program tailored to their individual needs.

The 56 Healthy Families Indiana program sites provide services to families throughout the state. The number of families served has increased from 760 in 1994 to 21,401 in 2001. Healthy Families has grown from a $600,000 child abuse and neglect program in 1994 to $40.5 million in 2001. Funding is a combination of local, state, and federal dollars.

Descriptive data provided by Healthy Families Indiana sites during 2000 - 2001 have revealed the following results:

- Of the 4,000 families screened each month, 45% had a positive screen and nearly 20% had a positive assessment;
- 90% of the children had a regular primary health care provider and over 70% kept regularly scheduled well child visits;
- 75% received age appropriate Denver II Developmental Screenings and 80% were up to date on childhood immunizations;
- 3% of the families experienced a subsequent pregnancy;
- 28% of mothers who have not graduated from high school are enrolled in school or a GED program; and
- Over 98% of the families served in the largest Indiana site that had at least 24 home visits had no substantiated abuse or neglect while in the program despite the fact they were at higher risk.

J. Other Pertinent Services

- In State Fiscal Year 2001, more than 1.4 million congregate and 1.4 million home delivered meals were provided in Indiana.[xxix]

- Furthermore, $9 million was spent on Room and Board Assistance and $2.7 million was spent on Assistance to Residents of County Homes.

FY 2000 Profile of Indiana Older American Act Programs[xxx]		
Title III/VII Services	**60+ Persons Served**	**Service Units**
Personal Care	892	65,611
Homemaker	6,273	212,353
Chore	1,705	35,723
Home Delivered Meals	27,781	3,160,258
Adult Day Care/Health	457	150,196
Case Management	43,537	185,162
Congregate Meals	41,325	2,427,756
Nutrition Counseling	3,873	22,985
Assisted Transportation	7,673	187,633
Transportation		1,321,712
Legal Assistance		24,543
Nutrition Education		88,018
Information and Assistance		250,635
Outreach		527,357

SECTION V: GLOSSARY OF TERMS, ACRONYMS, AND RELEVANT AGENCIES

AAA

Area Agencies on Aging – (also known as Area Agencies or Triple A) Sixteen nonprofit agencies located throughout the state which provide services, and grant or contract with other public and private organizations to provide services, for older persons within their area. In Indiana, they are responsible for administering federal and state funding for community and in-home long term care services for the aged and disabled.

ACT

Assertive Community Treatment - a very intensive case management approach for high-risk individuals with severe mental illnesses. The model for ACT involves maintaining housing, living independently, home visits, and medication management assistance by trained staff.

ADA

Americans with Disabilities Act **-** Enacted July 26, 1990. The ADA prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation. It also mandates the establishment of TDD/telephone relay services.

ADLs

Activities of Daily Living – A measurement of a person's degree of independence in walking, getting in and out of bed, bathing, dressing, eating, toileting, and taking medicine. Also see "Custodial Care."

Adult Day Care or Adult Day Care Services

Care generally offered by a social service agency or nursing home, usually custodial care in nature. Similar in concept to children's day care centers but catering to adult needs and interests.

Adult Protective Services

Investigates and resolve reports of abuse, neglect, or exploitation, and to assist in obtaining protective services for endangered adults.

AOA

Administration on Aging – A federal agency under the U.S. Department of Health and Human Services. AOA provides home and community-based services to older persons through the programs funded under the Older Americans Act. Programs include home-delivered meal programs, nutrition services in congregate settings, transportation, adult day care, legal assistance, ombudsman services and health promotion programs.

Assisted Living Facility

Provides home and community services in a more home-like and comfortable environment than the typical nursing home setting. Services are designed around the resident's needs. Provides a combination of social interaction and privacy. Nursing staff provide nursing services in licensed assisted living facilities. These services are provided by a home care agency in unlicensed assisted living facilities.

Assistive Technology

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. Assistive technology service means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.

Benefit Period

The period of time for which the insured is eligible to receive benefits or services under Medicare, Medicare Supplement, or a Long Term Care insurance policy.

Benefit Period under Medicare

The Medicare Part A benefit period begins upon entry to a qualified hospital, and ends when the patient has been out of a hospital (and not receiving Medicare benefits in a facility that primarily provides skilled nursing or rehabilitation services) for 60 consecutive days, including the day of discharge. The Part B benefit period is based on the calendar year.

Medicare Part A can cover inpatient hospital care, skilled nursing facility care, home health care and hospice care. Medicare Part B includes a wide range of services including outpatient hospital services (e.g. radiology and laboratory tests, therapy services, medical supplies, and durable medical equipment), physician services and home health care. In a skilled nursing facility (following a qualified hospital stay), Medicare Part A will pay in full for Day 1- 20 and for Days 21- 100 a co-insurance amount of $101.50 per day in 2002 is required. A beneficiary qualifies for a new 100-day benefit period when there are 60 days during which there has been no inpatient stay, no Medicare SNF stay, and no inpatient care for a continued skilled level of care. The Part B benefit period covers specific services based on the calendar year.

BI or TBI

Brain Injury or Traumatic Brain Injury – There are currently 5.3 million Americans living with a disability caused by brain injury. Brain injury is acquired damage to the brain, the result of either an external physical force or internal causes, which results in an impairment of cognitive, emotional, and/or physical functioning. It is not of a degenerative or congenital nature but caused by an external physical force or by internal damage such as anoxia (lack of oxygen), stroke, disease, or tumor. It may produce a diminished or altered state of consciousness, which results in impairment of "thinking processes" and physical abilities. These impairments may be either temporary or permanent, and cause partial or total functional disability or psychosocial maladjustment.

BAIHS

Bureau of Aging and In-Home Services- a part of Family and Social Services Administration/ DDARS. BAIHS administers four Medicaid waivers, CHOICE, and other home and community-based services for people who have disabilities or are aging.

BDDS

Bureau of Developmental Disabilities Services- a part of Family and Social Services Administration/ DDARS that administers developmental disabilities services programs, including three Medicaid waivers.

Case Manager

An individual qualified by training and/or experience to coordinate the overall medical, personal, and social service needs of the patient. Someone who coordinates/manages the patient's care or "case."

Case Management

The coordination and monitoring of treatment and services.

CHOICE

Community and Home Options to Institutional Care for the Elderly and Disabled – One of Indiana's in-home services programs administered by the sixteen Area Agencies on Aging.

CMHC

Community Mental Health Centers- state, local, or non-profit entities. They are contracted by the Indiana Division of Mental Health to provide a full range of mental health services within a designated geographical area. They also provide a "gatekeeper" function to monitor each individual from the time the individual was committed to a state institution administered by the division until the individual is discharged from the commitment. The provide services regardless of a client's ability to pay.

CMS

Centers for Medicare and Medicaid Services – A branch of the Department of Health and Human Services. This federal agency is responsible for administering the Medicare and Medicaid programs and approves all waivers and waiver amendments. Formerly HCFA (Health Care Financing Administration).

Convalescent Care/Rehabilitative Care

Non-acute care prescribed by a physician and received during the period of recovery from an illness or injury.

Conversion

For the purpose of the Medicaid waiver, the closing of a Medicaid funded facility or a portion of the facility, and the conversion of the facility's bed capacity to Medicaid waivers. The facility must have a closure or downsizing plan approved by the state in order to allow the funding to follow the person into the community. Also refers to the "systems change" of community rehabilitation programs from the provision of segregated services, i.e. sheltered workshops, to integrated services, i.e. supporting people in competitive employment in the community

CPS

Child Protective Services –Protects Indian's children from further abuse or neglect and prevents, remedies, or assists in solving problems that may result in abuse, neglect, exploitation, or delinquency of children.

Custodial Care

Care is considered custodial when it is primarily for the purpose of meeting personal needs and could be provided by persons without professional skills or training. Example: help in walking, getting in and out of bed, bathing, dressing, eating, toileting, and taking medicine. (These may also be referred to as Activities of Daily Living or ADLs.)

CWRO

Child Welfare Rehabilitation Option – New Medicaid waiver option that will provide clinical mental health services to individuals living in the community or in Residential Treatment Facilities. Recipients will be those who need aid intermittently or on a twenty-four hour a day basis for emotional disturbances or mental illness. This option is being sought to leverage federal dollars to cover the cost of services that are currently being paid with 100% county funds. Waiver should be available sometime in CY 2003.

DAPW

Division of Public Works (http://www.in.gov/idoa/pwd/)- As a key branch of the Indiana Department of Administration (IDOA), the Public Works Division (DAPW) manages almost all of the building construction and maintenance projects for the State of Indiana. This includes evaluation of construction proposals for feasibility; designing the projects; advertising, public bids, and awarding construction; and managing these construction contracts through final completion. In past years, DAPW has administered more than

1000 design and construction projects annually, with an average estimated value in excess of $70,000,000.

DDARS

Division of Disability, Aging and Rehabilitative Services – a part of Family and Social Services Administration. Includes Bureau of Aging and In-Home Services, Bureau of Developmental Disabilities Services, Bureau of Rehabilitative Services, Bureau of Fiscal Services and the Bureau of Quality Improvement Services.

DD

Developmentally Disabled - A developmental disability is distinguished from other disabling conditions in that it occurs during the developmental years of an individual's life, usually before the age of 18. Although the federal law does not define specific disabling conditions, persons with mental retardation or autism are generally developmentally disabled. Persons diagnosed as having a condition such as moderate or severe cerebral palsy may also be considered developmentally disabled. In addition, the 10- 15 percent of those persons with epilepsy who experience uncontrolled seizures also fit the definition of developmentally disabled.

DFC

Division of Family and Children – A state agency that strengthens families through services that focus on prevention, early intervention, self-sufficiency, family support and preservation. The division administers child welfare, Food Stamps, employment and training services for low-income clients, and Medicaid eligibility.

DHHS

Department of Health and Human Services – The federal agency that administers the Medicare Program through its divisions, the Social Security Administration and Centers for Medicare and Medicaid Services (CMS) – previously HCFA.

DME

Durable Medical Equipment – this is equipment which can: 1) withstand repeated use; 2) is primarily and customarily used to serve a medical purpose; 3) generally not useful to a person in the absence of an illness or injury; and 4) is appropriate for use in the home.

DMHA

Division of Mental Health and Addiction – **Division of the Indiana Family and Social Services Administration.**

DOE

Department of Education

DOE/ DEL

The Division of Exceptional Learners, Indiana Department of Education- administers the Individuals with Disabilities Education Act (IDEA, P.L. 101-476), which applies to students with disabilities, ages 3 through 21, in Indiana. Included in this Act are students with autism, deaf-blindness, deafness, hearing impairments, mental impairments, multiple disabilities, orthopedic impairments, other health impairments, emotional handicaps, learning disabilities, communication disorders, traumatic brain injury, and visual impairments.

DOH or ISDH

Department of Health or Indiana State Department of Health (http://www.in.gov/isdh/index.htm) agency which serves to promote, protect, and provide for the public health of people in Indiana.

DOI

Department of Insurance (http://www.in.gov/idoi/)- agency which enforces statutes and regulations applicable to the operation of approximately 1,780 insurance companies, the issuance of insurance policies, the handling of complaints, and the dissemination of public insurance information. The Department, headed by a commissioner appointed by the governor, employs approximately 80 persons.

Deinstitutionalization

Policy which describes the provision of supportive care and treatment for medically and socially dependent individuals in the community rather than in an institutional setting.

Disability

Any limitation of physical, mental or social activity of an individual as compared with other individuals of similar age, sex, and occupation. Frequently refers to limitation of a person's usual major activities, most commonly vocation. There are varying types (functional, vocational, learning), degrees (partial, total), and durations (temporary, permanent) of disability. Public programs often provide benefits for specific disabilities, such as total and permanent.

Dually Diagnosed

Dual Diagnosis is a term applied to the co-existence of the symptoms of both mental retardation and mental illness.

Endangered Adult

Individuals who are at least 18 years of age, incapable of caring for themselves, and being abused, neglected, or exploited.

FSSA

The Family and Social Services Administration (http://www.in.gov/fssa/)- an agency of the State of Indiana providing services to families who have issues associated with:

- low income,
- mental illness,
- addiction,
- mental retardation,
- a disability,
- aging, and
- children who are at risk for healthy development.

First Steps

A coordinated system of statewide local interagency councils whose mission it is to assure that all Indiana families with infants and toddlers experiencing developmental delays or disabilities have access to early intervention services close to home when they need them.

Group Home

A Group Home is a residential facility for a group that requires special care or supervision, such as children, mentally ill, senior citizens, or troubled teens or persons.

Health Professions Bureau

(http://www.in.gov/hpb/) Provides professional, quality support services to Indiana's health regulatory boards and committees, in furtherance of their responsibility to assure the safe and competent delivery of health care to the citizens of Indiana.

Healthy Families

A voluntary home visitation program designed to promote healthy families and healthy children through a variety of services, including child development, access to health care, and parent education.

Home Health Care Agency

A home health care agency is a public or private agency that specializes in giving skilled nursing services, home health aides, and other therapeutic services, such as physical therapy, in the home.

Home Health Care

Health care services provided in the home on a part time basis for the treatment of an illness or injury. Medicare pays for home health care only if the type of care needed is skilled and required on an intermittent or part-time basis, and is intended to help people recover or improve from an illness or injury.

Hoosier Healthwise

A health insurance program for Indiana children, pregnant women, and low-income families. Health care is provided at little or no cost to Indiana families enrolled in the program.

HoosierRx

Indiana's prescription drug program for low-income seniors. Any eligible senior enrolled in the HoosierRx Program will receive 50% of the cost of their medications, up to a yearly benefit cap.

ICF/MR

Intermediate Care Facility for the Mentally Retarded– A facility in which individuals with developmental disabilities live together. There is 24-hour supervision by paid staff who provide assistance and training to help residents develop daily living skills, with programming for each individual's needs. These residences may be large, state or privately operated facilities, or group homes for 4 to 8 residents.

IDOL

Indiana Department of Labor (http://www.in.gov/labor/)- agency seeks to promote the welfare of Indiana's workforce by administering a variety of educational and compliance programs designed to provide the knowledge and tools necessary to guarantee workers' rights to safe, healthful, positive work environments, and the appropriate compensation for that work.

IHFA

Indiana Housing Finance Authority (http://www.in.gov/ihfa/)- created in 1978 by the Indiana General Assembly, it is a state-operated bank that finances residential mortgages and the development of rental housing. In addition, it is also a community development organization. IHFA provides affordable homes for Hoosiers, stimulates the construction industry and construction employment, and is financially self-sufficient. No state taxes are used for operating support of IHFA.

IHSS

In-Home Supportive Services –Non-medical services to help functionally impaired persons of all ages, with limited resources, stay at home. (For those who qualify, it is paid by Title XX of the Social Security Act.)

IMPACT

The Indiana Manpower & Comprehensive Training service- Provides job-related services to help TANF and Food Stamp recipients become economically self-sufficient.

INDOT

Indiana Department of Transportation (http://www.in.gov/dot/)- the agency's mission is to provide our customers the best transportation system that enhances mobility,

stimulates economic growth, and integrates safety, efficiency and environmental sensitivity.

Independent Living Services

Promotes a philosophy of independent living including consumer control, peer support, self help, self determination, equal access, and individual and system advocacy, to maximize the integration and full inclusion of individuals with disabilities, community leadership, empowerment, independence, and productivity.

Institutionalization

Admission of an individual to an institution, such as a nursing home, for an extended period of time or indefinitely.

Intermediary or Fiscal Intermediary

An organization that handles Part A (*see definition*) claims submitted by hospitals, skilled nursing facilities, home health agencies, hospices, and other providers of services.

Intermittent Care

Not daily care, but care done on a part time basis.

IPAS

Indiana Protection and Advocacy Services (http://www.in.gov/ipas/)- Mission is "to protect and promote the rights of individuals with disabilities, through empowerment and advocacy."

- May be able to assist citizens of Indiana who have a disability and are either being denied a right or are being discriminated against because of that disability.
- Administers 6 Federally Mandated and Funded Programs for Indiana
  - Client Assistance Program (CAP)
  - Protection and Advocacy for Assistive Technology (PAAT)
  - Protection and Advocacy for Beneficiaries of Social Security (PABSS)
  - Protection and Advocacy for Individuals with Developmental Disabilities (PADD)
  - Protection and Advocacy for Individuals with Mental Illness (PAIMI)
  - Protection and Advocacy for Individual Rights (PAIR)
- Is an Independent State Agency which receives no state funding and is Independent from all service providers.
- As required by federal law and state law, must be and is independent of state governmental control.
- Is governed by the 13-member IPAS Commission which sets the agency's Priorities.
- Is advised on Mental Illness matters by a 10-member Advisory Council (MIAC).

Kids at Risk

Children who are “at risk” of failing to succeed in life because of the adversities of their young lives. Poverty, family discord, violence and abuse, substance abuse, and illness are among the hazards.

Lifetime Reserve Days

Sixty extra days provided by Medicare hospital insurance (Part A) that can be used in case of a long illness where the stay in the hospital is more that 90 days. Reserve days are not renewable – they can only be used once. A co-payment is required.

Long Term Care Insurance

A policy designed to help alleviate some of the costs associated with long term care, such as nursing home or home health care costs.

LTC

Long Term Care – the medical and social care given to individuals with impairments covering a long period of time. Long term care can consist of care in the home by family members, assisted with voluntary or employed help (such as provided by home healthcare agencies), adult day care, or care in institutions.

Medicaid

A federal-state partnership designed to ensure that the United States' aged, sick, and impoverished are cared for. This program, authorized by Title XIX of the Social Security Act, is a safety net that provides aid in the form of medical services to people who fall below the state-established poverty line. Subject to broad federal guidelines, states determine the benefits covered, program eligibility, rates of payment for providers, and methods for administering the program.

Medically Necessary

Medical necessity must be established (through diagnostic and/or other information presented on the claim under consideration) before Medicare or the insurance company will make payment

Medically Needy

Persons who are categorically eligible for Medicaid and whose income, less accumulated medical bills, is below state income limits for the Medicaid program (see Spend Down).

Medicare Part A

This provides either total or partial overage for hospital care, skilled nursing facility care, home health care services, and hospice services.

Medicare Part B

This covers a portion of the costs for doctors' care; physical, occupational and speech therapy sessions; ambulance services; prostheses; medical equipment; and home health services.

M.E.D. Works

Medicaid for Employees with Disabilities- allows disabled working individuals with incomes too high for regular Medicaid to be eligible for health coverage. M.E.D. Works members whose income is more than 150% of the federal poverty level will be charged a premium on a sliding-fee scale based on income. These individuals will receive the full-range of traditional Medicaid-covered services and will pay the same co-payments for certain services. This law was passed by the Indiana Legislature in 2001.

MI

Mental Illness **-** Mental illnesses are disorders of the brain that disrupt a person's thinking, feeling, moods, and ability to relate to others. Mental illnesses are disorders of the brain that often result in a diminished capacity for coping with the ordinary demands of life.

MR

Mentally Retarded **–** This is a disorder in which a person's overall intellectual functioning is well below average, with an intelligence quotient (IQ) around 70 or less. Individuals with mental retardation also have a significantly impaired ability to cope with common life demands and lack some daily living skills expected of people in their age group and culture. The impairment may interfere with learning, communication, self-care, independent living, social interaction, play, work, and safety. Mental retardation appears in childhood, before age 18 and affects approximately 1-2% of the population.

Nursing Home

A place where persons reside who need some level of medical assistance and/or assistance with activities of daily living. Not all nursing homes are Medicare or Medicaid approved/certified facilities.

Nursing Home Policy

Type of health insurance policy which generally pays indemnity benefits for medically necessary stays in nursing homes (sometimes referred to as Long Term Care policies).

OAA

Older Americans Act – Federal legislation enacted in 1965 to provide money for programs and direction for a multitude of services designed to enrich the lives of senior citizens. Example adequate housing, income, employment, nutrition, and health care.

OBRA

Omnibus Budget Reconciliation Act

Occupational Therapy

Therapy by means of work (i.e., arts and crafts) designed to divert the mind, to correct a particular physical defect, or to equip a handicapped patient with new skills.

OMPP

Office of Medicaid Policy and Planning– part of the Family and Social Services Administration. Determines level of care of Intermediate Care Facilities for the Mentally Retarded (ICF/MR), waivers, and nursing homes. It is responsible to CMS for oversight of the Medicaid waiver program.

Olmstead Decision

The Olmstead decision issued in 1999 interpreted Title II of the Americans with Disabilities Act (ADA) and its implementing regulation, requiring States to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." Medicaid is the main resource in helping states to meet these goals. However, the scope of the ADA and the Olmstead decision are not limited to Medicaid beneficiaries or to services financed by the Medicaid program. The ADA and the Olmstead decision apply to all qualified individuals with disabilities regardless of age

Ombudsman

A “citizens’ representative” who protects a person’s rights through advocacy, providing information, and encouraging institutions or agencies to respect citizens’ rights. Two programs: DD Ombudsman and Aging Ombudsman.

Per Diem

Per day, or a daily charge.

Personal Care

Assistance provided to people who need help with bathing, cooking, dressing, eating, grooming or personal hygiene. These service are not routinely paid for by either Medicare of Medicaid, but for those who qualify may be paid for by IHSS.

PPS

Prospective Payment System – Under PPS, nursing facilities are paid fixed amounts based on the Resource Utilization Group (RUG) for the person based on their relative staff and resource needed and acuity. In some cases, the Medicare payment will be

more than the actual cost of providing services for that stay. In other cases, the payment will be less than the nursing facility's actual cost.

Provider

A generic term describing any individual, organization or company enrolled to provide services. Qualifications vary depending on the type of service provided.

Psychiatric Hospital Care

Medicare Part A can help pay for no more than 190 days of care in your lifetime in a participating psychiatric hospital.

Reasonable and Necessary Care

The amount and type of health services generally accepted by the health community as being required for the treatment of a specific disease or illness.

Rehabilitation

The coordinated use of medical, social, educational, and vocational measures for training or retraining individuals disable by disease or injury to the highest possible level of functional ability. Several different types of rehabilitation are distinguished: vocational, social, psychological, medical and educational.

RCAP

Residential Care Assistance Programs- State program that pays for care provided in licensed residential care facilities (assisted living) and in county homes for low income persons needing this level of care.

Respite Care

Short term care given to a person(s) with and illness or disability in the home, nursing home, or hospital; intended to give relief to the principal caretakers.

Sheltered Workshop

A segregated setting in which persons with disabilities who are not capable, temporarily or permanently, of competitive employment in the community are provided with vocational, pre-vocational, and habilitative services and experience.

Skilled Nursing Care

Care which can only be provided by or under the supervision of licensed nursing personnel.

Skilled Nursing Facility

A Medicare participating nursing facility which is staffed and equipped to furnish skilled nursing care, skilled rehabilitation services, and other related health services for which Medicare pays benefits.

Social Security Administration

This federal agency is responsible for the Medicare enrollment process, for determining Medicare eligibility, and for SSI and SSDI benefits.

Social Security Benefits

Benefits payable under Social Security programs, can be assigned to three general categories – retirement benefits, survivor benefits, and disability benefits.

Spend Down

1) A process of becoming eligible for Medicaid nursing home assistance by exhausting one's assets to pay for their care, until Medicaid asset eligibility is established. 2) A process of becoming eligible for Medicaid at home **or nursing home** assistance by paying for medical care out of one's own income, until Medicaid income eligibility is

established. This occurs on a monthly basis, after asset eligibility is met on the 1st day of the month.

Spousal Impoverishment Provision

The community property and assets of a nursing home resident who is married may be divided to protect the property and assets of the spouse not in the nursing home.

State Budget Agency

(http://www.in.gov/sba/agencyinfo/)- the **a**gency's mission is to achieve excellence in fiscal decision making and fiscal results on behalf of the Governor and in support of the General Assembly. The State Budget Agency facilitates the processes of revenue forecasting, budget development, and budget implementation. The Budget Agency evaluates and communicates the fiscal and policy impacts of legislative proposals with the objective of assuring best information available to decision makers.

State Fiscal Year

The state fiscal year for the state of Indiana begins on July 1st and ends on June 30th of the next year.

Supported Employment

Individuals with the most severe disabilities are placed in competitive jobs with qualified job coaches/trainers to provide individualized, ongoing support services needed for each individual to retain employment. The employee is contacted monthly, either at or away from the workplace, to address any issues that may threaten the individual's ability to remain on the job.

Ticket to Work

The Ticket to Work and Work Incentives Improvement Act of 1999 provides States with three opportunities to assist disabled persons to maintain employment: grants to States to develop the administrative and internal structures in their Medicaid programs necessary to support people with disabilities who are employed; a demonstration to provide health care benefits to employed individuals with potentially disabling conditions; and two new opportunities to use federal matching funds for providing Medicaid benefits to working disabled.

Title XVIII

The portion of the Social Security Act which clearly defines the provisions of Medicare.

Title XIX

The portion of the Social Security Act which clearly defines the provisions of Medicaid.

Vocational Rehabilitation

Provides comprehensive, coordinated, effective, efficient, and accountable services needed by eligible individuals with disabilities to prepare for, enter, engage in, and retain employment consistent with each individual's strengths, resources, priorities, concerns, abilities, capabilities, and informed choice.

VRS

Vocational Rehabilitation Services- Vocational Rehabilitation Services (VRS) assists eligible people with disabilities to achieve employment and independence. VRS is committed to securing quality individualized services which enable individuals with disabilities, including individuals with the most severe disabilities, to pursue meaningful careers by obtaining gainful employment consistent with their abilities and capabilities.

VRS customers have the responsibility to participate in their own rehabilitation program, including making meaningful and informed choices about the selection of the employment outcome, vocational objectives, and vocational rehabilitation providers. Each VRS

customer works in partnership with his or her vocational rehabilitation counselor who provides on-going rehabilitation counseling, case management, and follow up through each phase of the process of vocational rehabilitation.

To be eligible to participate in the VRS program, an individual must have a physical or mental disability, which results in a substantial impediment to employment, and the individual must require services to prepare for, enter into, engage in, or retain gainful employment. Services provided by VRS must be directly linked to an employment outcome, and must be necessary for an individual to perform the basic duties of a job.

Waiver

The Medicaid Wavier programs are funded with both State and Federal dollars. All waiver programs have been initiated by the Indiana General Assembly and approved by the CMS.

Eligibility for all waiver programs requires:

- The recipient must meet Medicaid guidelines.
- The recipient would require institutionalization in the absence of the waiver and/or other home-based services.
- The total aggregate Medicaid cost of serving the recipient(s) on the waiver (waiver cost plus other Medicaid services), cannot exceed the total aggregate cost to Medicaid for serving the recipient (s) in an appropriate institutional setting(s).

Current Indiana Waivers include:

- Aged and Disabled Waiver
- Autism Waiver
- DD Waiver
- Medically Fragile Children's Waiver
- Traumatic Brain Injury Waiver
- Assisted Living Waiver
- Support Services Waiver

Work One

Work One Centers are places that assist customers in finding workers or finding jobs. Partnering agencies are able to share information about customers that gives the Center a "single agency" appearance (although customers that want to work with a single agency can restrict information to that agency.)

SECTION VI: OTHER RESOURCES

The Indiana Governor's Planning Council
http://www.in.gov/gpcpd/

Administration on Aging, Department of Health and Human Services
http://www.aoa.dhhs.gov/

National Information Center for
Children and Youth with Disabilities
http://nichcy.org/index.html#about

State Agencies and Organizations

United States Senators
Honorable Richard G. Lugar (R)
United States Senate
306 Hart Senate Office Building
Washington, DC 20510-1401
(202) 224-4814
E-mail: senator_lugar@lugar.senate.gov
Web: www.senate.gov/~lugar/

Honorable Evan Bayh (D)
United States Senate
717 Hart Building
Washington, DC 20510
(202) 224-5623
(202) 228-1377 (fax)
Web: www.senate.gov/~bayh/

Governor
Honorable Frank O'Bannon
State House, Room 206
Indianapolis, IN 46204
(317) 232-4567
E-mail: fobannon@state.in.us
Web: www.ai.org/gov/index.html

State Department of Education: Special Education
Robert Marra, Associate Superintendent
Indiana Department of Education
State House, Room 229
Indianapolis, IN 46204-2798
(317) 232-0570
E-mail: rmarra@doe.state.in.us
Web: http://web.indstate.edu/soe/iseas/dse.html

Programs for Infants and Toddlers with Disabilities: Ages Birth through 2
J. Lanier DeGrella, Assistant Deputy Director
Indiana Family and Social Services Administration
Division of Family and Children
Bureau of Child Development
402 W. Washington Street, Room W-386
Indianapolis, IN 46204
(317) 233-9229

E-mail: jdegrella@fssa.state.in.us
Web: www.in.gov/fssa/first_step/

Programs for Children with Disabilities: Ages 3 through 5
Sheron Cochran, Preschool Coordinator
Division of Exceptional Learners
Indiana Department of Education
State House, Room 229
Indianapolis, IN 46204-2798
(317) 232-0567
E-mail: scochran@doe.state.in.us
Web: http://web.indstate.edu/soe/iseas/dse.html

State Vocational Rehabilitation Agency
Nancy Zemaitis, Interim Deputy Director
Vocational Rehabilitation Services
Indiana Family and Social Services Administration
Division of Disability, Aging, and Rehabilitative Services
402 W. Washington Street, Room W453
P.O. Box 7083
Indianapolis, IN 46207-7083
(317) 232-1319; (800) 545-7763, ext. 1319
E-mail: nzemaitis@fssa.state.in.us
Web: www.IN.gov/fssa/

Office of State Coordinator of Vocational Education for Students with Disabilities
Terry Fields, State Director
Vocational and Technical Education
Indiana Workforce Development
10 N. Senate Avenue, Room 212
Indianapolis, IN 46204-2277
(317) 232-1829
E-mail: tfields@dwd.state.in.us
Web: www.IN.gov/dwd/teched/

State Mental Health Agency
Janet Corson, Director
Division of Mental Health and Addiction
Family and Social Services Administration
402 W. Washington Street, Room W353
Indianapolis, IN 46204-2739
(317) 232-7845
E-mail: jcorson@fssa.state.in.us
Web: www.IN.gov/fssa

State Mental Health Representative for Children
Children's Services Bureau
Division of Mental Health and Addiction
Family and Social Services Administration
402 W. Washington Street, Room W353
Indianapolis, IN 46204-2739
(317) 232-7934
Web: www.IN.gov/fssa

State Developmental Disabilities Agency
Steven C. Cook, Director

Bureau of Developmental Disabilities
Indiana Family and Social Services Administration
Division of Disability, Aging, and Rehabilitative Services
P.O. Box 7083
Indianapolis, IN 46207-7083
(317) 232-7842

State Developmental Disabilities Planning Council
Suellen Jackson-Boner, Director
Governor's Planning Council for People with Disabilities
150 W. Market Street, Suite 628
Indianapolis, IN 46204
(317) 232-7770; (317) 232-7771 (TTY)
E-mail: gpcpd@gpcpd.org
Web: www.IN.gov/gpcpd

Protection and Advocacy Agency
Thomas Gallagher, Executive Director
Indiana Protection and Advocacy Services
4701 N. Keystone Avenue, Suite 222
Indianapolis, IN 46205
(317) 722-5555
(800) 622-4845; (800) 838-1131 (TTY)
E-mail: info@ipas.state.in.us
Web: www.IN.gov/ipas

Client Assistance Program
Contact Protection and Advocacy Agency listed above

Programs for Children with Special Health Care Needs
Children's Special Health Care Services
Indiana State Department of Health
2 N. Meridian Street, Section 7-B
Indianapolis, IN 46204
(317) 233-5578

State Agency for the Blind and Visually Impaired
Linda Quarles, Interim Deputy Director
Blind and Visually Impaired Services
Indiana Family and Social Services Administration
Division of Disability, Aging, and Rehabilitative Services
402 W. Washington Street, Room W-453
P. O. Box 7083
Indianapolis, IN 46207-7083
(317) 232-1433; (877) 241-8144
(317) 232-1466 (TTY)
E-mail: lquarles@fssa.state.in.us
Web: www.state.in.us/fssa/servicedisabl/blind/index.html

Programs for Children and Youth who are Deaf or Hard of Hearing
James Van Manen, Deputy Director
Deaf and Hard of Hearing Services
Indiana Family and Social Services Administration
Division of Disability, Aging, and Rehabilitative Services
402 W. Washington Street , Room W-453
P.O. Box 7083
Indianapolis, IN 46207-7083

(317) 232-1143 (V/TTY); (800) 962-8408 (V/TTY in IN only)
E-mail: jvanmanen@fssa.state.in.us
Web: www.IN.gov/fssa/dhhs

Regional ADA Technical Assistance Agency
Robin Jones, Project Director
Great Lakes Disability and Business Technical Assistance Center
University of Illinois/Chicago
Department on Disability and Human Development
1640 W. Roosevelt Road
Chicago, IL 60608
(312) 413-1407 (V/TTY); (800) 949-4232 (V/TTY)
E-mail: gldbtac@uic.edu
Web: www.adagreatlakes.org

University Centers for Excellence on Developmental Disabilities
(formerly University Affiliated Programs)
David M. Mank, Director
Indiana Institute on Disability and Community
2853 E. Tenth Street
Bloomington, IN 47408-2696
(812) 855-6508; (812) 855-9396 (TTY)
E-mail: uap@indiana.edu
Web: www.iidc.indiana.edu

John D. Rau, M.D., Director
Riley Child Development Center (RCDC)
Leadership Education in Neurodevelopmental Disabilities (LEND) Program
Indiana University School of Medicine
James Whitcomb Riley Hospital for Children
702 Barnhill Drive, Room 5837
Indianapolis, IN 46202-5225
(317) 274-8167
E-mail: jdrau@child-dev.com
Web: www.child-dev.com

Technology-Related Assistance
Cris Fulford, Executive Director
ATTAIN, Inc.
2346 S. Lynhurst Drive, Suite 507
Indianapolis, IN 46241
(317) 486-8808; (800) 528-8246 (in IN)
E-mail: attain@attaininc.org
Web: www.attaininc.org

State Mediation System
Sally Cook, Coordinator
Indiana Department of Education
Division of Exceptional Learners
State House, Room 229
Indianapolis, IN 46204
(317) 232-0580
E-mail: sacook@doe.state.in.us
Web: web.indstate.edu/soe/iseas/dse.html

Disability-Specific Organizations

Attention Deficit Disorder

To identify an ADD group in your state or locality, contact either:

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
8181 Professional Place, Suite 201
Landover, MD 20785
(301) 306-7070
(800) 233-4050 (Voice mail to request information packet)
E-mail: national@chadd.org
Web: www.chadd.org

National Attention Deficit Disorder Association (ADDA)
1788 Second Street, Suite 200
Highland Park, IL 60035
(847) 432-2332
E-mail: mail@add.org
Web: www.add.org

Autism

Cathy Pratt, Ph.D., Director
Indiana Resource Center for Autism (IRCA)
Indiana Institute on Disability and Community
2853 E. Tenth Street
Bloomington, IN 47408-2696
(812) 855-6508; (812) 855-9396 (TTY)
E-mail: prattc@Indiana.edu
Web: www.iidc.indiana.edu/

Brain Injury

John P. Young, Chairman, Board of Directors
Brain Injury Association of Indiana
1525 N. Ritter Avenue, Mikolon Building
Indianapolis, IN 46219
(317) 356-7722; (866) 854-4246
E-mail: BIAI@iquest.net
Web: www.biausa.org/indiana/bia.htm

Cerebral Palsy

Donna Roberts, Executive Director
United Cerebral Palsy Association of Greater Indiana, Inc.
615 N. Alabama Street, Room 322
Indianapolis, IN 46204
(317) 632-3561; (800) 723-7620
E-mail: ucpaindy@ucpaindy.org

Down Syndrome

Indiana Down Syndrome Foundation
233 McCrea Street, Suite 200
Indianapolis, IN 46225
(317) 216-6319; (888) 989-9255
E-mail: dsani@aol.com
Web: www.indianadsf.org

Deb Gavette, President
Down Syndrome Association of Northeast Indiana
P.O. Box 50305

Fort Wayne, IN 46815
(260) 471-9964; (877) 713-7264
E-mail: dsani4u@aol.com
Web: www.dsani.org

Epilepsy

Marge Frommeyer, Executive Director
Epilepsy Council of Greater Cincinnati, Inc.
(serving Clark, Floyd and South Eastern Counties)
3 Centennial Plaza, 895 Central Avenue
Cincinnati, OH 45202
(513) 721-2905
E-mail: ecgc@fuse.net
Web: www.ecgc.net

Learning Disabilities

Dawn Lytle, Indiana State President
Learning Disabilities Association of Indiana
P.O. Box 20584
Indianapolis, IN 46220
(800) 284-2519 (LD and ADD/HD Information Request Line)
E-mail: dlytle@kokomo.k12.in.us
Web: www.ldaamerica.org

Mental Health

Stephen McCaffrey, President
Mental Health Association in Indiana, Inc.
55 Monument Circle, Suite 455
Indianapolis, IN 46204
(317) 638-3501; (800) 555-6424 (in IN only)
E-mail: mha@mentalhealthassociation.com
Web: www.mentalhealthassociation.com

Pamela A. McConey, Executive Director
NAMI Indiana (National Alliance for the Mentally Ill, IN)
P.O. Box 22697
Indianapolis, IN 46222-0697
(317) 925-9399; (800) 677-6442
E-mail: nami-in@nami.org
Web: www.namiindiana.org

Mental Retardation

John Dickerson, Executive Director
The Arc of Indiana
22 E. Washington Street, Suite 210
Indianapolis, IN 46204
(317) 977-2375
E-mail: jdickerson@iquest.net
Web: www.arcind.org
Web: www.TheArcLink.org

Speech and Hearing

Michael Flahive, President
Indiana Speech-Language-Hearing Association
233 McCrea Street, Suite 200

Indianapolis, IN 46225
(317) 955-1063
E-mail: isha@in-motion.net
Web: www.islha.org

Spina Bifida

Spina Bifida Association of Northern Indiana
2421-01 Nappanee Street
Elkhart, IN 46517
(574) 295-3988; (866) 822-6499

Kim Zink, Coordinator
Wabash Valley Spina Bifida Support Group
P.O. Box 21
Farmersburg, IN 47850
(812) 696-2288
E-mail: spinabifida@earthlink.net
Web: www.homestead.com/planetzachary/main.html

Visual Impairments

Jay Stiteley, Director
American Foundation for the Blind-Midwest
401 N. Michigan Avenue, Suite 350
Chicago, IL 60611
(312) 396-4420
E-mail: chicago@afb.net
Web: www.afb.org

Organizations Especially for Parents

Parent Training and Information Center (PTI)
Richard Burden, Executive Director
IN*SOURCE
809 N. Michigan Street
South Bend, IN 46601-1036
(219) 234-7101 (V/TTY); (219) 239-7575 (TTY)
(800) 332-4433 (In IN)
E-mail: insource@insource.org
Web: www.insource.org

Parent-To-Parent
Donna Gore Olsen, Executive Director
Indiana Parent Information Network, Inc.
4755 Kingsway Drive, Suite 105-A
Indianapolis, IN 46205-1545
(317) 257-8683
E-mail: FamilyNetw@aol.com
Web: www.ai.org/ipin

Parent Teacher Association (PTA)
Mary Williams, President
Indiana Congress of Parents and Teachers, Inc.
2525 N. Shadeland Avenue, D-4
Indianapolis, IN 46219
(317) 357-5881
E-mail: in_office@pta.org
E-mail: pta@spitfire.net

Web: www.indianapta.org

Other Disability Organizations

Pat Bowers, Executive Director
Easter Seals Wayne/Union Counties
5632 U.S. Highway 40 East
P.O. Box 86
Centerville, IN 47330-0086
(765) 855-2482
E-mail: easterseals@juno.com

Jim Nulty, President
VSA arts of Indiana
Harrison Centre for the Arts
1505 N. Delaware Avenue
Indianapolis, IN 46202
(317) 974-4123; (317) 974-4117 (TTY)
E-mail: jnulty@vsai.org
Web: www.vsai.org

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